

APPLICATION FOR ECONOMIC DEVELOPMENT ASSISTANCE

The following information is **required** for all projects requesting economic development assistance from the McKinney Economic Development Corporation (MEDC) or the City of McKinney (City). Fill in this document as completely as possible. If the information requested is not applicable, enter "N/A" in the space. Incomplete applications will not be considered for assistance. *This application must be filed with the McKinney Economic Development Corporation prior to filing building permit or business license applications with the City of McKinney*. If you have questions about this application, please contact MEDC at (972) 547-7651.

In addition to the information provided in this application, the following documents must be submitted to MEDC prior to consideration of incentives. Please submit each item separately:

- 1. Plat/map of property extending 200' beyond property in all directions
- 2. Detailed explanation/list of improvements, including equipment

After receipt of the application, *MEDC* or the City may require review of additional information to verify the financial abilities or other factors of the applicant. The following documents may be requested for review:

- 1. Business plan
- 2. Current financial report
- 3. Audited financials for previous three (3) years

Once completed, submit application via mail, email, or in person to:

McKinney Economic Development Corporation 5900 S. Lake Forest Drive Suite 110 McKinney, TX 75070 info@mckinneyedc.com (or to you

(or to your respective MEDC staff member directly)

Note: The information contained in this application, as well as any potential incentive offers, contractual agreements and other work product, will remain confidential until a binding, written agreement is reached between the MEDC/the City of McKinney and the applicant. Once a binding, written agreement is reached, all information contained in these documents (exclusive of trade secrets) becomes public information and is subject to disclosure under the Texas Public Information Act.



COMPANY INFORMATION

Applicant/Legal Bus	iness Name		DBA, if applicable	е
	A 1-1		NACIE - Add -	(if different)
Business Headquart	ters Address		Mailing Address	(If different)
Street 1			Street 1	
Street 2			Street 2	
City, State, Zip		Т	City, State, Zip	
Phone Number	Fax Number	Wel	osite	Federal Employer's Identification Number
How long	has business been in	operation?		Business ownership
How many em	ployees does busines	s currently have?	W	hat is current annual revenue?
la business registe	rad with Tayas Sacrat	ary of State's office?	le husinoss i	n good standing with the State of Texas?
is business registe	red with Texas Secret	ary or state's officer	is business i	in good standing with the state of Texas:
If you answered "N	o" to either previous	question, please expla	in:	
Is business or prin	ncipals delinquent on	any tax obligations?	Has busine	ss or principals had prior bankruptcies?
		,		The state of the s
If you answered "Ye	es" to either previous	question, please expl	in:	
ii you unowered in	os to citirei provious	queen, prodes enpr		
Applicant's Represe	entative		Title	
and I at the control of the control			No to All the latest and the latest	
Phone Number	Fax Number	Email		
THE HEALTH SE				
Mailing Address (if	different from above)			
Street 1				
Street 2	<u> </u>			
City, State, Zip	<u> </u>			
				ents, is true, correct, and complete. Materia
				nvalid. I understand that any incentive offe
		opment Corporation is	s confidential and	I privileged information until such time as ar
agreement is reach	ed.			
Signature of Applic	ant's Representative			Date



PROJECT INFORMATION

NAICS Code(s) Locate a	ppropriate code here:	: http://www.census	s.gov/eos/www/naics/	
Description of the project				
Constitution of the second support		T	1	(05)
Will this location be a headquarters?	If so, what type?	What type of f	acility is needed?	Size (SF)
Existing Building or New Construction?		Address of Pro	ject in McKinney	
Projected capital investment in Real Pro	perty improvements	Projected capital i	investment in Business	Personal Property
Est. construction time frame (mo/yr)	Will thi	I s project have any ir	ntensive utility require	ments?
Start: Occupy:				
Projected Year 1 sales	Projected \	Year 2 sales	Projected Year 3 sales	
Projected percentage of sales in	n McKinnev	Projected per	rcentage of sales subje	ect to sales tax
	11110			
Are the majority of your products or good				
Are the majority of your products or good Do you need workforce recruiting			ed workforce training	1-1-1-2
Do you need workforce recruiting	g assistance:	Бо уби нес	30 WOLKIOICE HAIIIIIS	assistancer
Will this location generate overnight stay				
	pected overnight stays			
Pre-Construction Construction	First 1-3 years	s of operation	3-5 years aft	er opening
Does the company intend to be involved	in our community? Is	it engaged in curren	I community? Please	describe below:
Are there any additional details about the	e company or project	you would like to sh	are?	



JOB CREATION

Enter new positions in the year they will be created. If current employees are transferring to the new McKinney location, include them in the Year 1 numbers. Only list direct employees; contractors should not be included in these projections. List "unloaded" wages (exclusive of benefits and insurance).

YEAR 1	▼ Enter either Salary or Hourly wages ▼							
Title	Number of positions	Salary	Hourly	Annual Hou	ırly Wage	Annual V	Wage/Title	
				\$		\$		
				\$	-	\$		
		-9		\$	-	\$	-	
				\$		\$	-	
				\$		\$		
				\$	-	\$	- 1	
				\$		\$		
1715 S				\$		\$		
·				\$		\$		
				\$		\$		
Total	0					\$		

YEAR 2	▼ Enter either Salary or Hourly wages ▼								
Title	Number of positions	Salary Hourly		Annual Hourly Wage	Annual wage/title				
				\$ -	\$ -				
				\$ -	\$ -				
				\$ -	\$ -				
				\$ -	\$ -				
				\$ -	\$ -				
				\$ -	\$ -				
				\$ -	\$ -				
				\$	\$ -				
				\$ -	\$ -				
				\$	\$ -				
Total	0				\$ -				

YEAR 3	▼ Enter either Salary or Hourly wages ▼							
Title	Number of positions	Salary	Hourly	Annual Hou	urly Wage	Annual	wage/title	
				\$	-	\$	-	
				\$		\$		
				\$		\$	-	
				\$		\$	-	
				\$		\$	-	
		W		\$		\$	-	
				\$	-	\$		
				\$		\$	-	
		Sec. (\$		\$		
				\$		\$	-	
Total	0					\$	-	

TOTAL NEW JOBS	0	TOTAL NEW PAYROLL \$ -



BENEFITS

inges in benefits in	the near future?	Please attach benef	its manual if availabl	e.	