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| <b>ACCIDENT POTENTIAL ZONE 1 (APZ-1)<br/>ECONOMIC DEVELOPMENT INVESTMENT<br/>PROGRAM (EDIP) FUND CONSIDERATION APPLICATION</b>   |  | <i>All Questions Must<br/>Be Completed</i> |
| <b>SECTION 1: APPLICANT INFORMATION</b>  |  |  |
| <b>1. COMPANY</b>  | <b>2. NAME</b> <i>(First, Last)</i>  | <b>3. TITLE</b>                            |
| <b>4. MAILING ADDRESS</b> <i>(Street, Apt. No., City, State and ZIP Code)</i>  |  |  |
| <b>5. PROJECT CONTACT NAME</b> <i>(First, Last)</i>  | <b>6. PROJECT CONTACT TELEPHONE NUMBER</b> <i>(Include Area Code)</i><br>HOME (    )<br>WORK (    )  |  |
| <b>7. PROJECT CONTACT MAILING ADDRESS</b> <i>(Street, Apt. No., City, State and ZIP Code)</i>  |  |  |
| <b>8. FORM OF ORGANIZATION</b> <i>(Check One)</i><br>Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/><br>Other <i>(Explain)</i> <input type="checkbox"/> |  |  |
| <b>9. IS THIS A PUBLIC COMPANY?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | <b>9a. IF YES, ON WHICH MARKET IS YOUR STOCK CURRENTLY TRADED?<br/>AND WHAT IS YOUR STOCK SYMBOL</b> |  |
| <b>9b. IF NO, DO YOU PLAN ON GOING PUBLIC WITHIN THE NEXT FIVE YEARS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |
| <b>10. YEAR COMPANY WAS ESTABLISHED</b>  | <b>11. STATE OF INCORPORATION</b>  |  |
| <b>12. QUALIFIED TO TRANSACT BUSINESS IN THE COMMONWEALTH OF VIRGINIA?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |
| <b>13. DISCLOSURE STATEMENT</b><br>Please list all officers and directors of corporation, all partners of partnership, all members (including managing member) of limited liability company. If other, please explain.   |  |  |

**SECTION 2 - PROJECT SITE, BUILDING AND LEASE/PURCHASE INFORMATION**

|   |                      |  |
|---|----------------------|--|
| <b>1. LEASE</b> <input type="checkbox"/> <b>PURCHASE</b> <input type="checkbox"/><br><i>(Check One)</i> | <b>2. LEASE TERM</b> | <b>3. IF PURCHASED, (Check One)</b><br><input type="checkbox"/> Purchase from Authority<br><input type="checkbox"/> Purchase from Other<br><input type="checkbox"/> Existing Building<br><input type="checkbox"/> New Construction |
| <b>4. PROJECT PARAMETERS</b>  | a. ACRES             |  |
| b. BUILDING SQUARE FOOTAGE  |                      |  |
| c. TYPE OF FACILITY/USE   |                      |  |
| e. ANTICIPATED DATE CONSTRUCTION EXPECTED TO BEGIN  |                      |  |
| f. COST OF CONSTRUCTION   |                      |  |

**5. REDEVELOPMENT LOCATION (Check One)**  
 STRATEGIC GROWTH AREA  ECONOMIC REDEVELOPMENT AREA

**SECTION 3 - CAPITAL INVESTMENT (WITHIN 30 MONTHS/OR WITHIN 48 MONTHS FOR REDEVELOPMENT)**

**1. NEW INVESTMENT**

|                   |  |                           |
|-------------------|--|---------------------------|
| a. REAL ESTATE \$ | b. FURNITURE FIXTURES AND EQUIPMENT \$ | c. MACHINERY AND TOOLS \$ |
|-------------------|--|---------------------------|

**2. EXISTING**

|  |                           |
|--|---------------------------|
| a. FURNITURE FIXTURES AND EQUIPMENT \$ | b. MACHINERY AND TOOLS \$ |
|--|---------------------------|

**SECTION 4 - JOBS: (WITHIN 30 MONTHS)**

**1. FULL-TIME EQUIVALENT POSITIONS**

a. RETAINED EMPLOYMENT IN VIRGINIA BEACH

b. NEW FULL-TIME EQUIVALENT POSITIONS TO BE CREATED IN VIRGINIA BEACH

|                         |                               |  |
|-------------------------|-------------------------------|--|
| <b>2. PAYROLL/WAGES</b> | a. TOTAL PAYROLL GENERATED \$ | b. AVERAGE WAGE (NOT INCLUDING BENEFITS) |
|-------------------------|-------------------------------|--|

(PLEASE ENCLOSE REPORTS INDICATING CURRENT AVERAGE SALARY)

**SECTION 5 - USE OF EDIP FUNDS**

**1. CHECK ALL THAT APPLY**  On-Site Utility Improvements/Upgrades  Off-Site Utility Improvements/Upgrades  
 Road Improvements  Traffic Signal Improvements  Regional BMP  
 Site Preparation (including grading, drainage, paving and other activities required to prepare a site for construction)  
 Employee Training

**SECTION 6 - FINANCIAL STATEMENTS**

Certified and Audited financial statements for the past 3 years. (Please enclose).

**SECTION 7 - ADDITIONAL INFORMATION**

Please list or attach any other information that may help evaluate your request (i.e. project details, company/business historical information, developer's qualifications and experience in redevelopment, and alternate relocation options explored).

**SECTION 8 - COMPANY SIC CODE**

**1. COMPANY SIC CODE**

**SECTION 9 - ACKNOWLEDGEMENTS/AUTHORITY**

- a. Applicant affirms that he/she has the authority to make application and hereby makes such application on behalf of \_\_\_\_\_(company). Please provide copy of authorizing documents.
- b. Applicant further represents and warrants that, if his/her request is granted, \_\_\_\_\_(company) shall conduct its operations in the Project for a minimum of 5 years, and affirms that he/she has the authority to make such representations and warranties on behalf of \_\_\_\_\_(company). (Please provide a copy of authorizing documents).
- c. Applicant affirms that he/she has been provided a copy of the EDIP policy.
- d. Applicant acknowledges that the City of Virginia Beach Department of Economic Development and the Virginia Beach Development Authority (the "Authority") will rely upon the accuracy of the information contained herein in reaching a determination of whether, and to what extent, his/her company/business may qualify for EDIP assistance.
- e. Applicant agrees that, should the facts or information provided herein subsequently change, or should applicant learn of any error in the information provided, applicant will immediately notify the Authority of the change/error, and correct or supplement the information provided in this Application.
- f. Applicant acknowledges and agrees that submission of false information may, at the discretion of the "Authority," result in a revocation of any EDIP assistance awarded.

**SIGNATURE OF APPLICANT**

**DATE SIGNED (YYYYMMDD)**

**TITLE**

**SECTION 10 - NOTARY PUBLIC**

**STATE OF**

**CITY/COUNTY OF**

**TO-WIT:**

The foregoing instrument was acknowledged and sworn before me this \_\_\_\_day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, \_\_\_\_\_(title), for \_\_\_\_\_.

**SIGNATURE OF NOTARY PUBLIC**

**MY COMMISSION EXPIRES (YYYYMMDD)**