



**Economic
Development
Incentive
Program
Application**

Business Name: _____

Business Address: _____

Bus. Owner Names: _____

Bus. Owner Phone Number: _____

Bus. Owner Address: _____

Type of Business: _____

Describe the Business: _____

Days/Hours of Operation: Mondays from until

Tuesdays from until

Wednesdays from until

Thursdays from until

Fridays from until

Saturdays from until

Sundays from until

Holidays/Special Events _____

Number of Employees Full time Part time

Does business generate Hospitality Taxes? _____ Estimated amount to be generated _____

Does business generate Accommodations Taxes _____ Estimated amount to be generated _____

_____ Estimated water/sewer utility usage _____

_____ Estimated electrical utility usage _____

_____ Estimated annual business revenue _____

Submittal Date **Applicant Signature** **Received by**