

# City of Sylvania

## JOB CREATION PROGRAM APPLICATION

### **APPLICANT**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **COMPANY INFORMATION**

Type: \_\_\_\_\_

Principal Product/Service: \_\_\_\_\_

Date Established: \_\_\_\_\_

Owner(s): \_\_\_\_\_

\_\_\_\_\_

### **PROPOSED PROJECT**

Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dollars to be Invested: \_\_\_\_\_

### **JOBS/PAYROLL INFORMATION**

Current Number of Jobs: \_\_\_\_\_

Most Current Tax Year's Annual Payroll: \_\_\_\_\_

Estimated New Jobs at Project Completion: \_\_\_\_\_

Estimated Annual Payroll at Projection Completion: \_\_\_\_\_

## **PROJECT FINANCING**

Name of Bank Financing the Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any federal, state, or local funding agencies involved in the financing of this project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PROPOSED NEW OR ADDITIONAL JOBS**

Give an explanation of this project to bring new or expanded jobs to the City of Sylvania:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SUBMISSION ACKNOWLEDGEMENTS**

As an authorized agent of the applicant company, I hereby submit this application. I understand that any false statement in this application may subject the applicant, company and signer to criminal prosecution. I also understand that additional information may be required to complete the application. By signing this application, I am authorizing the financing agencies to provide the City of Sylvania, on a confidential basis, with any information required as part of the funding package.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

I hereby certify that information on job creation and payroll will be provided to the City of Sylvania on an annual basis throughout the term of the grant award.

_____	_____
Signature	Date

I hereby certify that this company is current on all taxes, assessments, and will remain so.

_____	_____
Signature	Date

Please submit completed forms to:

William Sanford  
City of Sylvania  
6730 Monroe Street  
Sylvania, OH 43560

For more information contact:

William Sanford at  
419-885-0482 or  
[bsanford@cityofsylvania.com](mailto:bsanford@cityofsylvania.com)

