

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

