

**APPLICATION FOR ERLANGER DEVELOPMENT  
GROWTH AND EMPLOYMENT (EDGE) INCENTIVE**

The Erlanger Development Growth and Employment (EDGE) incentive is available to certain qualified employers who are proposing new or expanded business activity in Erlanger; and the information requested in this application is necessary for a determination of the qualification of the employer applicant for the EDGE incentive.

Any changes in the information provided by the employer applicant in this application could disqualify the employer applicant from the EDGE incentive. Please communicate all proposed and actual changes in the information provided in this application to the Erlanger Director of Economic Development immediately.

Fill in all blanks on this application using "not applicable" where necessary. If more space is needed, please use a separate sheet. Please submit all incentive applications to: Mark Collier, Director of Economic Development, 505 Commonwealth Avenue, Erlanger, Kentucky 41018, Mark.Collier@cityoferlanger.com, (859)727-7995.

**1.0 EMPLOYER APPLICANT INFORMATION**

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

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2.0 BUSINESS INFORMATION**

Business Name of Employer Applicant: \_\_\_\_\_

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

Home Office Address: \_\_\_\_\_

Name of Local Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Local Contact Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Home Office Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Home Office Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Tax Identification Number (TIN): \_\_\_\_\_

Please provide documentation of the organizational structure of the employer applicant.

What is an accurate description of the business history of the employer applicant?

Has the employer applicant or anybody with more than a 10% ownership interest therein or any officer or supervisor thereof ever been charged with any criminal offense involving moral turpitude or with a penalty of imprisonment?

\_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, please furnish details on a separate sheet.

Has the employer applicant or anybody with more than a 10% ownership interest therein or any officer or supervisor thereof ever been denied a business related license or had it suspended or revoked by any governmental agency?

\_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, please furnish details on a separate sheet.

### **3.0 PROPOSED NEW OR EXPANDED/RETAINED BUSINESS ACTIVITY**

Is the business activity proposed by the employer/applicant?

\_\_\_\_\_ A new business in Erlanger; or

\_\_\_\_\_ An expansion and/or retention of an existing business in Erlanger

What is an accurate description of the proposed new or expanded/existing business activity in Erlanger, including, without limitation the location of it, along with a description and the plans and anticipated cost of any capital investment?

What is the “commencement date” i.e. the first day of the first annual period of twelve continuous calendar months during which the employer expects to pay total gross wages of \$750,000.00, or greater, but excluding any construction or development costs? \_\_\_\_\_

Please provide documentation of the ownership (e.g. deed or purchase contract) or possessory (e.g. lease) interest of the employer/applicant in the real estate where the proposed new or expanded business activity is proposed to be located.

### **4.0 EMPLOYMENT IMPACT**

Explain how the proposed new or expanded/retained business activity in Erlanger will relieve unemployment in Erlanger through new jobs and employment, or, the existing jobs and employment would not stay in Erlanger if not for the EDGE incentive.

What is an accurate description of the functions and duties of each position of employment in the new or expanded/retained business activity in Erlanger proposed by the employer/applicant, along with the anticipated number of those positions and the range of compensation for each of them.

### **5.0 Ordinance No. \_\_\_\_\_**

The employer applicant hereby acknowledges and represents to Erlanger that the copy of Erlanger Ordinance No. \_\_\_\_\_ attached to this application has been read and understood by the employer, specifically Section 37.06 regarding termination of the EDGE incentive; and the employer applicant hereby agrees: (a) to comply with the provisions of the ordinance; and, (b) upon any default therein by the employer applicant, the Edge incentive shall be terminated by Erlanger; and, (c) upon such termination, the employer applicant shall refund to Erlanger all of the EDGE incentives received by the employer applicant during the annual period in which the default occurred.

## 6.0 CERTIFICATION OF APPLICATION

The person completing this application, having been duly cautioned and sworn to the truth, hereby acknowledges and represents under the penalties of perjury that the information provided in this application is accurate and true to the best of his or her knowledge, information and belief.

SIGNATURE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_