

# Certification Application Long-Term Rural Oregon Tax Incentive

ORS 285C.400-285C.420

- Complete this form and submit to the local enterprise zone manager and the county assessor **before** breaking ground or beginning work at the site.
- Please type or print neatly.

**ELIGIBLE LOCATION** (see #3 on the back)

Rural Enterprise Zone	County
-----------------------	--------

**APPLICANT**

Name of Business Firm		Telephone Number (     )	
Mailing Address	City	State	ZIP Code
Location of Property (street address if different from above)	City	State	ZIP Code
Map and Tax Lot No. of Site	Contact Person	Title	

**DEFINING THE FACILITY**

**Description of operations and overall physical plant when the proposed facility is placed in service:** (attach additional pages)

**Facility Property or improvements to be purchased, constructed, or installed:**

Type of Property	Square Footage/Acreage/ Number of Units or Items	Estimated Cost
New buildings and structures and land to be acquired/constructed		\$
Additions/modifications to existing buildings and structures		\$
Machinery and equipment (please attach list)	Real property (attached to building/real property)	\$
	Personal property (readily movable)	\$
<b>Total Estimated Cost of New Investment</b>		<b>\$</b>
<b>Assessed value of all real and personal property currently at the site of the proposed facility/investment (not subject to exemption)</b>		<b>\$</b>

**Construction, hiring, and commencing operations:**

- Construction is expected to begin..... \_\_\_\_\_
- Hiring is expected to begin (month/year) ..... \_\_\_\_\_
- Facility is expected to be first placed in service/operations beginning (month/year) ..... \_\_\_\_\_
- Final construction of facility property is expected to be completed (month/year) ..... \_\_\_\_\_
- Hiring is expected to be completed (month/year) ..... \_\_\_\_\_
- Estimated total of full-time employees to be hired by the firm for new facility..... \_\_\_\_\_

**CORPORATE EXCISE TAX CREDITS**

Will applicant seek the 5 to 15-year tax credit under ORS 317.124?  Yes\*  No

\*Must be approved, in writing, by the governor of the state of Oregon and begin no later than the third calendar year after the year in which the facility is placed in service. It is not sought until after certification. The facility must be owned by a corporation.

**EXISTING EMPLOYMENT**

Annual average number of employees working at the facility \_\_\_\_\_.(This can serve as base number subject to adjustments and stipulation in written agreement with the zone sponsor— see second commitment check box below).

**COMMITMENTS BY APPLICANT/BUSINESS FIRM**

All must be checked below to be certified—

- By the end of the calendar year in which the facility is placed in service, the total costs of property and improvements are, or will be more than the lesser of: (a) a figure not to exceed \$25 or \$12.5 million that is otherwise equal to one percent or one-half of one percent, whichever applies, of the value of all nonexempt taxable property in the county, rounded to the nearest \$10 million of such value; or (b) more than \$200 million. See OAR 123-690-4000.
- Within the applicable time frame after operation of the facility begins, at least 10, 35, 50, or 75 new employees (whichever applies) will have been hired by the firm to work at the facility, in addition to the base number of firm employees, who are each working more than 32 hours per week at the facility, at the time stipulated in the attached written agreement with the zone sponsor (see #2 below). See OAR 123-690-4200.
- Not later than the fifth year after the year in which operation of the facility begins, the average of annualized compensation or all employees at the facility will be equal to or greater than 150 percent of the county average annual wage at the time that this requirement is initially fulfilled, as published (final) by Employment Department. See OAR123-690-4600.
- All additional requirements or conditions contained in the attached written agreement with the zone sponsor will be satisfied (see #2 below). See OAR 123-690-2000.
- Information and appropriate verification, including, but not limited to, actual levels of investment cost, employment, payroll, etc., that pertain to the above commitments will be presented in writing to the local zone manager and county assessor on or before the mandatory time as noted above or as contained in applicable law and rules, or upon request by state or local officials.

**DECLARATION**

I declare under penalties of false swearing [ORS 305.990(4)] that I have examined this document and attachments, and to the best of my knowledge they are true, correct, and complete. If any information changes I will notify the enterprise zone manager and the county assessor and submit appropriate written amendments. I understand that my business firm will receive the property tax exemption for property in the enterprise zone, only if the relevant requirements are satisfied and maintained, and if my firm complies with all local, state, and federal laws that are applicable to my business.

Signature of Authorized Representative of Business Firm

Date

X

**Regular property tax returns must still be filed.**

**APPROVAL**

**To be filled in by the local zone manager and the county assessor after the above commitments are completed.**

<b>1</b>	The board of county commissioners adopted a resolution approving the property tax exemption for the facility. (Attach a copy of the resolution and indicate the date of adoption in the box to the right.)	Date
	The city council adopted a resolution approving the property tax exemption for the facility, if it is located within corporate limits. (Attach a copy of the resolution and indicate the date of adoption in the box to the right.)	Date
<b>2</b>	The business firm has entered into a common written agreement with all of the city, port, or county governments that sponsor the enterprise zone, including co-sponsors in addition to those adopting resolutions in #1 above. (Attach a copy of the agreement and indicate the date the agreement was concluded in the box to the right.)	Date
<b>3</b>	At the time the written agreement in #2 above was executed, the facility was located in an existing rural enterprise zone and in a county with chronically low income or unemployment. (Attach confirmation from Oregon Business Development Department and indicate the date of the letter in the box to the right.)	Date
Signature of Local Enterprise Zone Manager		Date
X		
Signature of County Assessor		Date
X		

**Zone Manager/County Assessor:** After signing, send copies of this form and all attachments to:  
(1) Business firm; (2) Oregon Department of Revenue; (3) Oregon Business Development Department