



CITY OF ST. JOSEPH

# TIF/Tax Abatement Application

## APPLICANT INFORMATION:

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Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Business Type: \_\_\_\_\_ Corporation    \_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ Partnership

Please Select:    \_\_\_\_\_ New Business    \_\_\_\_\_ Existing Business    # of Years of Business \_\_\_\_\_

Contact Person/Authorized Representative \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Legal Counsel: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Counsel Address: \_\_\_\_\_

## INFORMATION ON PROPERTY OWNER (if different from Applicant):

Legal Name of Property Owner: \_\_\_\_\_

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

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

## PROJECT INFORMATION:

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

\_\_\_\_\_

\_\_\_\_\_

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

Parcel Identification Number(s): \_\_\_\_\_

Legal Description (may be attached instead of listed): \_\_\_\_\_

Current Market Value of Site: \_\_\_\_\_ Present Zoning of Site: \_\_\_\_\_

Proposed Zoning of Site: \_\_\_\_\_

Is the Applicant the Fee Owner of the Site: (yes/no) \_\_\_\_\_ If No, has a Purchase Agreement been executed for the subject property? Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Dollar Amount of TIF/ Abatement Requested: \_\_\_\_\_

Explain Why TIF/Abatement is Needed for the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the number of permanent full-time equivalent jobs to be created and/or retained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other public benefits resulting from the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Architect Name: \_\_\_\_\_

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

Architect Phone: \_\_\_\_\_ Architect Email: \_\_\_\_\_

Project Engineer Name: \_\_\_\_\_

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

Engineer Phone: \_\_\_\_\_ Engineer Email: \_\_\_\_\_

Anticipated Project Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**FINANCIAL INFORMATION**

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**Estimated Project Costs: Please complete Appendix A – Financial Information (attached)**

Has the business, owners or parent company ever declared bankruptcy? No \_\_\_\_ Yes \_\_\_\_  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the business, owners, or parent company ever defaulted on any loan commitment? No \_\_\_\_ Yes \_\_\_\_  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the business, owners, or parent company ever used tax increment financing or abatement for a project in the past? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, please include details as to where and when. Please indicate whether or not we may contact the conventional financier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **INFORMATION CHECKLIST**

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The following information must be presented to the St. Joseph Community Development Director as soon as possible. The information will be evaluated to determine if the proposed project conforms to the City's goals and objectives.

1. Attach a map illustrating the exact boundaries of the proposed development.
2. Attach a general written description and drawings of the project illustrating:
  - Size and location of existing and proposed buildings
  - Building concept plans including a site plan, building elevations, building openings, plumbing and HVAC systems, number of stories, square footage per use, construction type, building materials, and cost estimate.
  - Proposed use of property and type of development, estimated traffic to be generated by the project per day.
  - Off-street parking
  - Project Schedule
  - Estimated market value of the project when complete (City will work with the Stearns County Assessor's Office to obtain this).
3. Project financing information including:
  - Proposed project funding sources and uses statement, including a demonstrated gap in financing.
  - Project financial performance analysis/cash flow analysis demonstrating a gap in financing
  - A statement illustrating why the project doesn't cash flow without TIF/Abatement
4. A statement identifying the public benefit of the proposed project in terms of number of jobs created, number of jobs retained, increase in property value, redevelopment impact, economic development impact, etc...
5. A written perspective of the Developer and/or Development Company including background and experience of the business entity, company leaders, company history, past development achievements, etc.

**SIGNATURES**

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I certify the statements contained in the Application and supplemental materials are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations, or omission of facts in this Application shall be sufficient cause for disqualification and/or ineligibility for tax increment financing and/or abatement approval, regardless of the time that elapses before such false information is discovered.

Applicant Signature: \_\_\_\_\_

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

Co-Applicant Signature: \_\_\_\_\_

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

City Administrator:

Kris Ambuehl  
(320) 363-7201  
[kambuehl@cityofstjoseph.com](mailto:kambuehl@cityofstjoseph.com)

Community Development Director:

Therese Haffner  
(320) 229-9424  
[thaffner@cityofstjoseph.com](mailto:thaffner@cityofstjoseph.com)

Address:

St. Joseph Government Center  
75 Callaway St. E  
St. Joseph MN 56374

## Appendix A – Financial Information

### Estimated Project Related Costs

- |                                   |                 |
|-----------------------------------|-----------------|
| 1. Land Acquisition               | \$ _____        |
| 2. Site Development               | \$ _____        |
| 3. Building cost                  | \$ _____        |
| 4. Equipment                      | \$ _____        |
| 5. Architectural/Engineering Fees | \$ _____        |
| 6. Legal Fees                     | \$ _____        |
| 7. Off-Site Development Costs     | \$ _____        |
| 8. Other (please explain)         | \$ _____        |
| <b>9. TOTAL PROJECT COST</b>      | <b>\$ _____</b> |

### Sources of Financing

- |  |                          |
|--|--------------------------|
| 1. Private Financing Institution       | \$ _____                 |
| 2. Tax Abatement Funds (Total Request) | \$ _____                 |
| Number of Years: _____                 |                          |
| City Portion: \$ _____                 | County Portion: \$ _____ |
| Annual Amount: \$ _____                | Annual Amount: \$ _____  |
| 3. Other Public Funds                  | \$ _____                 |
| 4. Developer Equity                    | \$ _____                 |
| <b>5. TOTAL SOURCES</b>                | <b>\$ _____</b>          |

**(Note: Please list all sources separately, use additional sheets if necessary)**