



Application for Community Investment
200 S. Hamilton Rd. Gahanna, OH 43230

Date Received: _____

Received By: _____

Rev. 2026

Please provide complete information in response to every question. Application cannot be processed until all information is complete. Additional information may be attached but should not be used in lieu of providing information directly on the application form.

Section I - Type of Assistance Requested

Gahanna Programs:

- Community Reinvestment Area Tax Abatement (CRA) CRA#: 1 2 3 4 5
Office & Industrial Tax Rebate (O&I) Tax Increment Financing (TIF)

Other Programs Applied for:

JobsOhio -

- Ohio Site Improvement Program Economic Development Grant Revitalization Program Job Creation Tax Credit
Small Business Grant Other:

Ohio Department of Development -

- Site Demolition Program Brownfield Remediation Program Energy Loan Fund State Energy Program
166 Loan Program Ohio Enterprise Bond Fund Collateral Enhancement Program
Other:

Other -

- Property Assessed Clean Energy - PACE Sales Tax Exemption Buckeye Business Advantage Community

Development Finance Institution Program - CDFI Other:

Does the Applicant have any current incentive offers for this project? Yes No If so, which program:

Proposed Project Site:

Address:

Parcel Number:

The applicant: Currently Owns Plans to Purchase Currently Leases Plans to Lease at the project site

If the Applicant plans to lease, what is the projected length of the lease term? Years Months

Section II - Applicant Information

Name of Applicant(s) - main office address, contact person, and telephone number.

(Attach additional pages if multiple entities are participating)

Company Legal Name:

DBA Name (if applicable): _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

Street Address: _____ PO Box (if applicable): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Ownership type (51% or greater):

- Minority Owned
- Woman Owned
- Veteran Owned
- Gahanna Resident Owned

Third Party Employer - Is applicant using a 3rd party employer (i.e. a professional employer organization)? Yes No

Legal Name: _____

DBA Name (if applicable): _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

Street Address: _____ PO Box (if applicable): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Prepared by (if different from above):

Organization: _____

Name and Title: _____

Phone: _____ E-mail: _____

Street Address: _____ PO Box (if applicable): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Section III – Business Operations

Date Established: _____

Total number of current full-time equivalent (FTE) employees: _____

Current full-time employment in Ohio: _____ Cities of other sites in Ohio:

Nature of business (manufacturing, distribution, wholesale, developer, investment, or other):

What are the applicant's primary lines of business? Include a description of the company's history, when it was established, and its major products/services, etc.:

Form of business:

LLC C-Corp S-Corp Sole Proprietorship LP/ GP Non-profit
 Other _____

Describe the operational and financial relationships between any parent and/or subsidiary companies. Additionally, describe any changes in ownership that may occur as a result of the project:

List primary 6-digit North American Industry Classification System (NAICS): _____

Name of principal owner(s) or officers or partners of the business with more than 10% ownership (attach list if needed):

Is business seasonal in nature? Yes No

Has the company ever been the subject of a lawsuit for a similar type of project? Yes No

If yes, list the case name and jurisdiction: _____

Any delinquent taxes to the State of Ohio or a political subdivision of the State? Yes No

Any monies to the State or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No

Any other monies to the State or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No

If yes to above, please provide details of each instance including, but not limited to, the location, amounts and/or case identification numbers. Use an additional page if necessary.:

Does the applicant have any current or expired tax abatements anywhere in Ohio? Yes No

If yes, list the jurisdiction, rate & term for each current and expired tax abatements:

Jurisdiction: _____	Rate: _____	Term: _____
Jurisdiction: _____	Rate: _____	Term: _____
Jurisdiction: _____	Rate: _____	Term: _____
Jurisdiction: _____	Rate: _____	Term: _____
Jurisdiction: _____	Rate: _____	Term: _____

Section II - Project Information

Project Type:

- Startup Expansion Relocation Consolidation Retention

Project Description:

Please provide a narrative describing the project. Use an additional page if necessary:

Check all that apply for this project:

- Construction of a new building Sq. Ft: _____
- Expansion of an existing building Existing Sq. Ft: _____ Expansion Sq. Ft: _____
- Renovation of an existing building without expanding its square footage Sq. Ft: _____
- Purchasing new machinery and equipment

Describe the equipment to be purchased:

- Leasehold improvements Sq. Ft: _____
- Leasehold without improvements Sq. Ft: _____

On-site infrastructure - Check all that will be constructed/ improved:

- Road(s) Water Wastewater Stormwater Parking Facilities

Other: _____

Site planning and due diligence assessments completed:

- | | | | | |
|--|------------------------------|-----------------------------|---|--------------------------------------|
| Zoning compliance: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Engineer-stamped drawings: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Phase 1 Environmental: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Phase 2 Environmental: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Wetlands Delineation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Endangered Species Study: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |
| Archaeology/ Cultural Resources Study: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> In Progress |

List any permits that have been secured:

Is this a relocation from somewhere else in Ohio? Yes No
 If yes, explain the number and type of employees and/or assets to be moved/relocated.

Is this a consolidation from somewhere else in Ohio? Itemize the locations and employment positions and types of business to be transferred to the project site: Yes No

Are other cities, states, or countries being considered for this project? Yes No
 If yes, list all the other areas being seriously considered:

1. _____ 2. _____ 3. _____

Current full-time employment level at the proposed project site. If there are retained jobs, indicate how many will be retained at that site: Full-time _____ (current) Full-time _____ (to be retained)

State the proposed scheduled for the projected hiring (up to 3 years). Itemize by full-time permanent positions:

YEAR	NEW JOBS CREATED	RETAINED JOBS	RELOCATED JOBS	PAYROLL
1				
2				
3				
TOTAL				

Business' total current investment (if any) in the facility at the Project Site as of the proposal's submission:
\$ _____

What are the amounts to be invested by the applicant to establish, expand, renovate or occupy a facility:

TYPE OF INVESTMENT	AMOUNT OF INVESTMENT
A. Acquisition of land/buildings	\$
B. Additions/new construction	\$
C. Improvements to existing buildings	\$
D. Machinery & equipment	\$
E. Furniture & fixtures	\$
F. Public infrastructure	\$
G. Inventory	\$
Total New Project Investment	\$

Total cost of construction materials: \$ _____

Explain why a tax abatement is needed:

Complete the pages entitled "New Jobs and Wages Worksheet", "Relocated/Retained Worksheet".

CHECK THE APPROPRIATE BENEFITS OFFERED TO EMPLOYEES

Applicant offers its full-time employees the following benefits:

- | | |
|---|--|
| <input type="checkbox"/> Paid Holidays | <input type="checkbox"/> Paid Vacation/Personal Days |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> 401K Retirement Plan |
| <input type="checkbox"/> Annual Bonus | <input type="checkbox"/> Medical/Dental Insurance |
| <input type="checkbox"/> Severance Policy | <input type="checkbox"/> Employee Uniforms |
| <input type="checkbox"/> Disability Pay | <input type="checkbox"/> Employee Discounts |
| <input type="checkbox"/> Employee Pension | <input type="checkbox"/> Training & Education Benefits |
| <input type="checkbox"/> Profit Sharing | |
| <input type="checkbox"/> Other: | |

When do benefits begin?

REQUIRED ATTACHMENTS

The following MUST be attached to the application before it will be considered:

- Organizational Chart after the project is complete.
- Preliminary Site Plan.
- Project Pro Forma showing the sources and uses of all funds used in the project.
- Current year-to-date balance sheets and profit and loss statement.
- Past three (3) years balance sheets and profit and loss statements.
- Resumes of key management personnel.
- Narrative history of existing business – Include annual reports or company marketing materials, if available.

FEES

1. Application Fee

This application must be accompanied by a non-refundable two hundred and fifty dollar (\$250) application fee. Any application submitted without this fee will be returned to the applicant. This fee is payable by check or money order to the City of Gahanna.

2. State Fee (Applies only to applications for CRA)

A separate one-time fee of seven hundred and fifty dollars (\$750) charged by the State and collected by the City with this application. Any application submitted without this fee will be returned to the applicant. This fee is payable by separate check or money order the State of Ohio Development Services Agency.

3. Annual Monitoring Fee

The City requires each applicant receiving a tax incentive through a CRA to pay an annual monitoring fee equal to 1.00% of the amount of taxes abated for the previous reporting year. The minimum annual fee shall be \$100 and the maximum annual fee shall be \$2,500. This fee shall be submitted annually with the applicant's required annual report to the City. Annual reports submitted without this fee will be deemed incomplete and returned to the applicant.

INCENTIVE TERM COMMENCEMENT

If granted a tax incentive, the applicant understands that the term will generally not commence until the tax year following the **completion of construction for the project**. If a project involves phased construction over several years, the incentive term will generally not commence until the completion of construction for the first phase of the project. Project completion is usually defined as issuance of a certificate of occupancy

APPLICANT'S CERTIFICATION

The applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief.

Submission of this application expressly authorizes the City of Gahanna to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the City of Gahanna. Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Section 9.66(C) (1) and 2921.13(A) (4) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies . . . or makes any false, fictitious or fraudulent statements of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Each party to the application must provide a signature below. *(Use additional lines as needed.)*

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Please submit the application and all attachments with the required fees to:

City of Gahanna
Department of Economic Development
200 S. Hamilton Road
Gahanna, OH 43230

OR

Jeff.gottke@gahanna.gov