

La Marque Economic Development Corporation

**Application
For
Economic Development Incentives**

**City of La Marque, Texas
1111 Bayou
La Marque, Texas 77568
409.938.9258**

www.ci.la-marque.tx.us/edc

This application must be filed at least 60 days prior to the date the City Council considers the request. Requests for incentives must be approved by the Economic Development Corporation and City Council if warranted prior to the beginning of construction or installation of equipment. This application will become part of the agreement between the applicant and the City of La Marque. Any knowingly false representations will be grounds for voiding the agreement. This original application must be submitted to the Director of Economic Development Corporation, City of La Marque, 1111 Bayou Road, La Marque, Texas 77568.

Date of Application_____

Company Name_____

Address_____

Telephone Number(s)

Company Web-Site _____

Number of Current Employees

Full-Time_____

Part-Time_____

Type of Ownership: Corporate_____ Partnership_____ Proprietorship _____

Names of all Owners, Partners, Directors (use separate sheet if needed)

_____Address_____

_____Address_____

_____Address_____

Location of all other businesses owned or operated by the applicant.
(*Separate sheet(s) if needed*)

Corporate Headquarters address if applicable

***Attach most recent annual report-financial statement
For the last three years***

PROJECT INFORMATION

Type of Facility: **Distribution**_____ **Development**_____

Manufacturing_____ **Service**_____

Entertainment_____ **Other (Specify)** _____

Project Description: New_____Expansion _____Modernization_____

Project Address: _____

Please attach a map and legal description of project location showing proposed improvements. Also, please describe below the proposed use and the specific nature and extent of the project. Include how much you expect the EDC to contribute to the project.

Describe the products(s) and / or service(s) provided:

List all improvements planned: (use separate page if needed)

Improvement Items

Expected Cost

Total:

List all sources for financing the improvements:

Estimated date of start and completion of the project:

Start: _____

Complete: _____

What is the expected lifespan of the improvement(s)?

Value of inventory that will be transported out of the state within 175 days after being stored, fabricated or assembled:

Inventory

Expected Cost

Total:

ECONOMIC INFORMATION

Number of persons **currently** employed by applicant:

Full-Time: _____

Part-Time: _____

Total Annual Payroll: _____

New Jobs created:

	New Jobs	Annual Payroll
At opening	_____	_____
At 3 years	_____	_____
At 5 years	_____	_____

New jobs filled by La Marque residents:

Full-Time: _____

Part-Time: _____

Current assessed value of facility: _____

Estimate increase in taxable sales as a result of this improvement:

Describe potential job loss without this incentive:

Signatures

Authorized Company Representative:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Attach

These are absolutes

- A-**Bank References**
- B-**Last 3 years of business and personal financial statements**
- C-**Personal Resume(s)**