

CITY OF MANASSAS ECONOMIC INCENTIVE APPLICATION

Send your completed application and attachments to Patrick Small, CEcD, Director, Economic Development. Questions about your application? Contact Patrick Small at (703) 257-8881 or psmall@manassasva.gov.

PART I. APPLICANT/COMPANY INFORMATION				
Date:				
Company Name:				
Primary Contact and Title:				
Primary Contact Address:				
Phone:	Fax:			
E-Mail:				
Project Address (if different from above):				
Indicate if the project is located in one of the following areas:				
Downtown/Old Town Manassas	Mathis Ave/Rt. 28			
Sudley Road/Hospital	Manassas Gateway			

When is your project's start date?

This project is a:				
New facility/site	Expansion	Acquisition		
If this is a new facility, is your business constructing it? (If not, skip to the next question)				
Yes	No			
Does your business lease or own the facility/site?				
Lease	Own			
Site Acreage or Square Footage of Structure:				
List the number of current and projected full-time and part-time employees with average salaries.				
Current Full-time Staff:	Current Part-ti	me Staff:		
Average Salary:	Average Salary	r:		
Projected Full-time Staff:	Projected Part	-time Staff:		
Average Salary:	Average Salary	<i>r</i> :		

Briefly describe your interest in the City of Manassas and how your business contributes to the community and the City's goals?

PART II. ECONOMIC DEVELOPMENT FINANCIAL IMPACT

Total E	Estimated Capital Investment		
Bu	ilding:	Business Property:	
Ma	achinery & Tools:	Computers:	
Tax Information: For existing businesses, provide the following tax information that is applicable to your business using prior-year data as reported to your tax office. Include fiscal or calendar year dates for information reported. For new businesses, provide estimates for your first year of operations.			
a.	Amount of gross receipts:		
b.	b. Value of business property by year of acquisition:		
C.	c. Value of any machinery and tools by year of acquisition:		
d.	d. Total sales tax paid in prior 12 months:		
e.	e. Total meals tax paid or food & beverage sales in prior 12 months:		
PART III. ATTACHMENTS			
Provide your business plan or project narrative that provides the following information:			
	Your business' operations, primary products of a parent or subsidiary, and any other relevant Statement of financial capacity outlining prop Future plans for growth and/or expansion.		

The information that you provide in this application is confidential and not subject to the Virginia Freedom of Information Act under Section 2.2-3705.6 of the Code of Virginia.