



APPLICATION FOR TAX ABATEMENT  
REAL PROPERTY

This completed application, including a map identifying the general location, should be signed by the owner (or representative) of the new real property improvements and submitted to:

Muncie City Council  
c/o Economic Development Commission  
300 N. High Street  
Muncie, IN 47305  
Phone: (765) 747-4853

Please type or print.

Date: \_\_\_\_\_ Name of Company: \_\_\_\_\_

1. Address of Property: \_\_\_\_\_

2. Current Zoning: \_\_\_\_\_

3. Legal Description: \_\_\_\_\_

4. Property Owner (s):

5. Owner's Representative:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

6. Is Property / Facility Served by Utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are Present Utilities Adequate for New Physical Improvements? Yes \_\_\_\_\_ No \_\_\_\_\_

8. If Not, Please Explain: \_\_\_\_\_

\_\_\_\_\_

9. Briefly Describe: The New Physical Improvements. How the Property will be used. The projected costs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Taxes: Amount of last real property assessment: \$ \_\_\_\_\_

Amount of last real property taxes: \$ \_\_\_\_\_

(Please attach a copy of your latest paid tax receipts to this form)

11. Total number of employees currently working for the company: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If applicable, how long before part-time employees become full-time employees? \_\_\_\_\_

\_\_\_\_\_

12. Number of Minorities: \_\_\_\_\_ Number of Females: \_\_\_\_\_ Number of Handicapped: \_\_\_\_\_

13. What percentage of employees are City of Muncie residents? \_\_\_\_\_%

14. Number of new employees to be added as a result of the abatement: \_\_\_\_\_ construction

15. Number of jobs retained as result of the project: \_\_\_\_\_ Actual (+-) jobs \_\_\_\_\_

16. Please answer the following additional questions regarding the total compensation package:

Fringe Benefits:

Health Insurance (Y or N) \_\_\_\_\_; %paid by employer: \_\_\_\_\_% %paid by employee: \_\_\_\_\_%

Pension (Y or N) \_\_\_\_\_; %paid by employer: \_\_\_\_\_% %paid by employee: \_\_\_\_\_%

Wage Package:

Starting Wage: \$ \_\_\_\_\_; High Wage: \$ \_\_\_\_\_; Average Wage: \$ \_\_\_\_\_

17. Does applicant intend to seek any further additional relief from property taxes on this property? (Y or N)

*Applicant agrees that in consideration of the mutual performance of the process associated with the grant of the tax abatement by the Applicant and the city of Muncie, Indiana, and the grant of the abatement sought, the applicant agrees and warrants that the Applicant is aware of, and will comply with any and all procedures and criteria as set forth under State Law or by ordinance of the city of Muncie. It is expressly understood and agreed that such procedures and criteria include, but are not limited to, compliance requirements, wage requirements, and addition and retention of employees.*

*I swear or affirm under penalties for perjury that the above information and representations on this application and Form SB-1 are true and complete.*

\_\_\_\_\_  
Name Title Date

**Notary Public**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Resident of \_\_\_\_\_ County, Indiana.

My Commission Expires: \_\_\_\_\_

**Notice:** Your signature above indicates that you are aware that you must *annually file* both Form *CF-1 (Compliance with Statement of Benefits)*, and Form *322 ERA (Application for Deduction from Assessed Valuation of Structures in Economic Revitalization Areas)* by the dates indicated on the respective forms in order to actually receive your deduction.