

# Williamsburg Tourism Zone Incentives Application

Date of Application:

1. Name of Business (DBA):

2. Owner Name:

3. Owner Type:

a.  LLC

b.  Sole Proprietor

c.  Corporation

d.  Other: \_\_\_\_\_

4. Has the business operated under any other names?  Yes  No

a. If "yes," list all names under which the business has operated or is operating:

5. Contact Person and Registered Agent:

6. Address:

7. Email:

8. Phone:

9. Business Web Site:

10. Location or proposed location within the City of Williamsburg, including street address:

11. If new business, provide a detailed description of the business and business activities to be conducted at the site located within the City of Williamsburg. Attach additional pages if necessary.

12. If existing business, provide a detailed description of the expansion project. Attach additional pages if necessary.

13. Project Budget: Please complete the charts below to explain in detail all Project Costs and Revenue Sources for the project.

<b>All Project Costs</b>		
<b>Description</b>	<b>Amount</b>	<b>Explanation</b>
Tenant Improvements	\$	
FF&E	\$	
Inventory	\$	
Land/Building Acquisition	\$	
Construction	\$	
Renovation	\$	
Site Work	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Total	\$	

<b>All Revenue Sources</b>		
<b>Description</b>	<b>Amount</b>	<b>Status of Funding</b>
Loan:	\$	Inhand Secured Pending Dependent on Incentive
Owner Investment:	\$	Inhand Secured Pending Dependent on Incentive
Equity Investment:	\$	Inhand Secured Pending Dependent on Incentive
Other:	\$	Inhand Secured Pending Dependent on Incentive
Other:	\$	Inhand Secured Pending Dependent on Incentive
Total	\$	

14. This business is:
- a.  Start up
  - b.  Relocation
    - i. If so, from where, including street address and jurisdiction?
  - c.  New additional location
    - i. If so, where are other locations, including street address and jurisdiction?
    - ii. How long have other locations been operating?
  - d.  Existing Business in the City of Williamsburg.
    - i. If so, complete Appendix C showing the last three years of gross receipts, BPOL, Sales Tax, Meals Tax, Room Tax, and any other taxes paid to the City of Williamsburg.
  - e.  Other: \_\_\_\_\_

15. Proposed start date of business or date proposed to open in the City of Williamsburg:

16. This business

- a.  Owns property in the City of Williamsburg
- b.  Leases property in the City of Williamsburg. If so, attach a copy of the lease.
- c.  Other: \_\_\_\_\_

17. Attach a five-year business plan, including revenue sources, sales projections, and expense projections, for the business.

18. Based on your business plan projections, what is your anticipated Gross Receipt revenue for each of your first five calendar years in the City of Williamsburg?

Year	Anticipated Gross Receipt Revenue

19. Local Tax Revenue Estimates: Based on your business plan projections, what are your taxable expenses, property and revenue estimates for each of your first five calendar years in the City of Williamsburg?

Year	Capital Estimates		
	Real Estate Purchase or Improvement	Business Personal Property Purchases	Machinery/ Tools Purchases

Year	Sales Estimates		
	Projected Annual Sales subject to state sales Tax	Projected Annual Sales subject to City 5% Meals & Beverage Tax	Projected Annual Sales subject to City 5% Room Tax

20. Employment Estimates

a. Current Number of Employees                      Full Time: \_\_\_\_\_                      Part Time: \_\_\_\_\_

b. Estimated Number of New Employees

Year 1-	Full Time: _____	Part Time: _____
Year 2-	Full Time: _____	Part Time: _____
Year 3-	Full Time: _____	Part Time: _____
Year 4-	Full Time: _____	Part Time: _____
Year 5-	Full Time: _____	Part Time: _____

c. Average Employee Education Level                      Full Time: \_\_\_\_\_                      Part Time: \_\_\_\_\_

d. Average Employee Salary & Benefits                      Full Time: \_\_\_\_\_                      Part Time: \_\_\_\_\_

e. Total Annual Payroll

Year 1 \$
Year 2 \$
Year 3 \$
Year 4 \$
Year 5 \$

21. Would any of your suppliers likely relocate to the City of Williamsburg as a direct result of this project? If so, please describe/estimate the following:

- a. Type of Business(es)
- b. Relocation time frame(s)
- c. Relocation likelihood
- d. Number of Employees

22. Are you considering any other locations? If so, where?

23. Attach a list of all principals of the business with addresses.

24. If business is other than a sole proprietor, please attach documentation showing that signatory below is authorized to sign the application and any subsequent agreement on behalf of business.

I hereby certify that all the information provided in and attached to this application is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Principal Signature

\_\_\_\_\_  
Printed Name and Title

Confidential proprietary records provided by a business as part of this application, including financial information and business plan, shall be maintained as confidential by the City of Williamsburg and are not subject to disclosure under the Virginia Freedom of Information Act, Code of Virginia §2.2-3705.6(a)(3).

The recipient of an economic development incentive agrees to execute a performance agreement based on the performance (such as time in operation, jobs created, tax revenue) of the project.

Return Application and All Attachments to:

Williamsburg Economic Development Department  
ATTN Tourism Zone Incentive Application 401 Lafayette Street  
Williamsburg, VA 23185  
Or  
[EDA@williamsburgva.gov](mailto:EDA@williamsburgva.gov)

## City of Williamsburg

### Authorization to Release Financial and Tax Receipt Information

I, \_\_\_\_\_, the undersigned representative of the applicant business, \_\_\_\_\_, which is applying for incentives from the City of Williamsburg Economic Development Authority, declare that this information has been examined by me and is, to the best of my knowledge, accurate. I state that I have the authority on behalf of the business to authorize this release.

I hereby authorize the Williamsburg Commissioner of the Revenue to verify and disclose the previous three calendar years tax payments made by or on behalf of the Applicant Business to the Williamsburg Economic Development Director and Williamsburg Finance Director, including Machinery and Tools (M&T) Tax, Business, Professional, and Occupational License (BPOL) Tax, Business Personal Property (BPP) Tax and all gross receipts taxes for the purpose of evaluating, calculating and processing the incentive application and any incentives granted. I further authorize the Commissioner of the Revenue to release any subsequent audit findings, of said business, which may alter and/or adjust the original disclosure. Tax records disclosed to the Williamsburg Economic Development and Finance directors shall not thereafter be further disclosed and are not subject to disclosure under the Virginia Freedom of Information Act.

I also agree to furnish or make available any relevant business information needed to prepare and justify the incentive.

	Previous Three Full Calendar Years		
	20__	20__	20__
Gross Receipts			
BPOL Payment			
Business Personal Property Tax Payment			
Machinery & Tools Tax Payment			
Meals Tax Payment			
Transient Occupancy Tax Payment			
\$2 Room Tax Payment			
1% Sales Tax Payment – Local Portion of Sales Tax (Do not include the 1% Tourism Sales Tax)			
Real Property Tax Payment			
Other Tax Payments			

\_\_\_\_\_  
 Print Name:  
 Title:

\_\_\_\_\_  
 Date