


<b>APPLICANT:</b>	ESCAMBIA COUNTY SUPPLEMENTAL EDATE EVALUATION FORM
<b>NAME OF BUSINESS:</b>	
	
FOR BUSINESSES WITH 150 + EMPLOYEES	

**CAPITAL INVESTMENT** Capital Investment is the acquisition of fixed assets that is anticipated to have a long life of use before it has to be replaced or repaired. Capital investment is made any time a company purchases goods that will benefit the operation of the business, but will not be used to cover the operational costs of the business. Please do not include land.

	<i>Please check one:</i>	<b>NEW EMPLOYEES - NEW BUSINESS</b> (At Facility Where Exemption Is Requested)	<i>Please check one:</i>
Under \$1 Million	<input type="checkbox"/>	150 - 249 Employees	<input type="checkbox"/>
\$1 – \$5 Million	<input type="checkbox"/>	250 - 349 Employees	<input type="checkbox"/>
Over \$5 Million	<input type="checkbox"/>	350 - 500 Employees	<input type="checkbox"/>

<b>PLEASE LIST CAPITAL INVESTMENT(S):</b> (Note: Add additional sheet if necessary)	<i>Please check one:</i>	<b>NEW EMPLOYEES - BUSINESS EXPANSION</b> (At Facility Where Exemption Is Requested)	<i>Please check one:</i>	
	Over 500 Employees	<input type="checkbox"/>	150 – 249 Employees	<input type="checkbox"/>
	Over 500 Employees	<input type="checkbox"/>	250 - 349 Employees	<input type="checkbox"/>
	Over 500 Employees	<input type="checkbox"/>	350 – 500 Employees	<input type="checkbox"/>
	Over 500 Employees	<input type="checkbox"/>	Over 500 Employees	<input type="checkbox"/>

	<i>Please check one:</i>	
<b>IS PROPERTY LOCATED IN A COUNTY DESIGNATED ENTERPRISE ZONE?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>WAGE INFORMATION</b> (At Facility Where Exemption Is Requested)	<b>New Business</b> <input type="checkbox"/>	<b>Business Expansion</b> <input type="checkbox"/>

CAPITAL INVESTMENTS			
ITEM:	\$COST\$:	<b>GROSS ANNUAL PAYROLL</b>	
	\$	New Employees	\$
	\$	Total Employees	\$
	\$	<b>AVERAGE WAGE/SALARY</b>	
	\$	New Employees	\$
	\$	Total Employees	\$
	\$	<b>MEDIAN WAGE/SALARY</b>	
	\$	New Employees	\$
	\$	Total Employees	\$
	\$	<b>PROJECTED NUMBER OF ADDITIONAL EMPLOYEES</b>	
<b>Total</b>	\$	[Within One Year Of Original Application] #	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement).

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(NOTARY SEAL)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_