

APPLICANT:

NAME OF BUSINESS:

ESCAMBIA COUNTY SUPPLEMENTAL
EDATE EVALUATION FORM



FOR BUSINESSES WITH LESS THAN 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.

		NEW EMPLOYEES - NEW BUSINESS (At Facility Where Exemption Is Requested)	Please check one:
Under \$1 Million	<input type="checkbox"/>	Under 25 Employees	<input type="checkbox"/>
\$1 –\$5 Million	<input type="checkbox"/>	25 – 50 Employees	<input type="checkbox"/>
Over \$5 Million	<input type="checkbox"/>	51 -100 Employees	<input type="checkbox"/>
		Over 100 Employees but less than 150	<input type="checkbox"/>

PLEASE LIST CAPITAL INVESTMENTS:

(Note: Add additional sheet if necessary)

Large blue shaded area for listing capital investments.

NEW EMPLOYEES - BUSINESS EXPANSION (At Facility Where Exemption Is Requested)	
Under 25 Employees	<input type="checkbox"/>
25 – 50 Employees	<input type="checkbox"/>
51 -100 Employees	<input type="checkbox"/>
Over 100 Employees but less than 150	<input type="checkbox"/>
PROJECTED NUMBER OF ADDITIONAL EMPLOYEES (Within One Year of Original Application)	#

CAPITAL INVESTMENTS	
	IF NOT LISTED AND CHECKED BELOW - PLEASE LIST JOB CLASSIFICATIONS AND AVERAGE SALARIES FOR THE JOB CLASSIFICATIONS

ITEM:	\$COST\$:	CLASSIFICATION: <i>(Note: Add additional sheet if necessary)</i>	Average SALARY\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total	\$		\$

IS PROPERTY LOCATED IN A COUNTY DESIGNATED ENTERPRISE ZONE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

INSTRUCTIONS TO THE APPLICANT: You are **NOT** required to use the following classifications; they are listed as a tool only. If a job classification is not relevant to your business, please write in the job classification above and provide the average salary information for that job classification as indicated.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>If applicable, please check all job classifications that apply.</i> </div>	AVERAGE SALARY\$
---	-------------------------

<u>Architecture and Engineering Occupations</u>		
	<u>Electrical Engineers</u>	
	<u>Mechanical Engineers</u>	
	<u>Engineer</u>	
<u>Information Technology</u>		
	<u>Computer Information Systems</u>	
	<u>Computer Programmer</u>	

	CLASSIFICATION	AVERAGE SALARY\$
<u>Life, Physical, and Social Science Occupations</u>		
	<u>Survey Researchers</u>	
	<u>Urban and Regional Planners</u>	
	<u>Social Scientists and Related Workers, All Other</u>	
<u>Healthcare Support Occupations</u>		
	<u>Home Health Aides</u>	
	<u>Nursing Aides, Orderlies, and Attendants</u>	
	<u>Dental Assistants</u>	
	<u>Medical Assistants</u>	
	<u>Healthcare Support Workers, All Other</u>	
<u>Sales and Related Occupations</u>		
	<u>First-Line Supervisors/Managers of Retail Sales Workers</u>	
	<u>Cashiers</u>	
	<u>Sales Representatives, Services, All Other</u>	
<u>Office and Administrative Support Occupations</u>		
	<u>Telephone Operators</u>	
	<u>Bill and Account Collectors</u>	
	<u>Customer Service Representatives</u>	
	<u>Office and Administrative Support Workers</u>	
<u>Installation, Maintenance, and Repair Occupations</u>		
	<u>First-Line Supervisors/Managers of Mechanics, Installers, and Repairers</u>	
	<u>Maintenance Workers, Machinery</u>	
	<u>Helpers--Installation, Maintenance, and Repair Workers</u>	
	<u>Installation, Maintenance, and Repair Workers, All Other</u>	
<u>Production Occupations</u>		
	<u>First-Line Supervisors/Managers of Production and Operating Workers</u>	
	<u>Assemblers and Fabricators</u>	
	<u>Machinists</u>	
	<u>Welders, Cutters, Soldiers and Braziers</u>	

	CLASSIFICATION	AVERAGE SALARY\$
	ADDITIONAL JOB CLASSIFICATIONS NOT PREVIOUSLY LISTED <i>(Add additional sheet if needed)</i>	
1.		
2.		
3.		
4.		
5.		
6.		

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 SEAL)

NOTARY PUBLIC

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____