APPLICANT:

NAME OF BUSINESS:

LOCATION OF BUSINESS:

ESCAMBIA COUNTY SUPPLEMENTAL EDATE EVALUATION FORM

ESCAMBIA COUNTY ENTERPRISE ZONE

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.*

	Please check one:
Under $1 Million	
$1 –$5 Million	
Over $5 Million	

PLEASE LIST CAPITAL INVESTMENTS:

(Note: Add additional sheet if necessary)

NEW EMPLOYEES - NEW BUSINESS *(At Facility Where Exemption Is Requested)*	*Please check one:*
Under 25 Employees	
25 – 50 Employees	
51 -100 Employees	
101 and over Employees	
NEW EMPLOYEES - BUSINESS EXPANSION *(At Facility Where Exemption Is Requested)*	
Under 25 Employees	
25 – 50 Employees	
51 -100 Employees	
Over 100 Employees but less than 150	
PROJECTED NUMBER OF ADDITIONAL EMPLOYEES *(Within One Year of Original Application)*	#

CAPITAL INVESTMENTS			
ITEM:	**$COST$:**	**CLASSIFICATION:** *(Note: Add additional sheet if necessary)*	**Average SALARY$**
	$		**$**
	$		**$**
	$		**$**
	$		**$**
	$		**$**
	$		**$**
	$		**$**
Total	**$**		**$**

_____
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_____