

## Application for Tax Increment Financing (TIF) Assistance

To be used to apply for TIF assistance.

Updated: 11/17/2022

2828 Allouez Ave., Bellevue, WI 54311 | p. (920) 468-5225

## **APPLICATION FEE = \$1,000** GENERAL INFORMATION Business Name: Address/City/Zip: \_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_ Sole Proprietorship Other: Business Type: Corporation Partnership PROJECT INFORMATION **Brief Description of Business** PROPOSED PROJECT Business Type(s) and/or Uses: \_\_\_\_\_ Prospective Tenants: Building(s) Square Footage: \_\_\_\_ Building(s) Height & Materials: Size of Project Area: Who is/are the Present Owner(s) of the Site: What is the Market Value of the Project Area Now & What Will the Estimated Market Value Be When Complete? Current Market Value: \$ Market Value When Complete: \$

What Will the Estimated Real Estate Taxes of The Project Be Upon Completion? *Please include your calculations* on the lines provided below.

Starting Date:		Ending Date:
If a Phased Project:	Year,	% Completed
	Year,	% Completed
Will all the development costs to be within five (5) years of the project		_ :
Please Describe the expected gene auto/truck counts, traffic flow, pea		ject, including (but not limited to) on and off-street parking, projected
CONSULTANTS		
Address:		Phone:
Project Engineer Name/Firm:		
Address:		
General Contractor Name/Firm:		
Address:		Phone:
Legal Counsel Name/Firm:		
Address:		
PROJECT COSTS		
Please fill in the estimated project	costs. **NOTE: Detailed sour	rces and uses will be required for review by staff and consultants.**
Land Acquisition: \$		Soil Correction/Remediation: _\$
Demolition: \$		Soil Grading Excavation: \$
Utilities: <u>\$</u>		Road Improvements: _\$
Curb, Gutter, Parking Lot, Sidewalk	ks: <u>\$</u>	
Building Construction: \$		Parking Ramp (if applicable): \$

VillageofBellevueWI.gov Page 2 of 5

Landscaping: <u>\$</u>	Equipment: \$
Architectural & Engineering Fees: \$	
Legal Fees: \$	Financing Cost: \$
Broker Costs: \$	Developer Fees: \$
Contingencies: \$	
Other (please specify): \$	
Total Uses: _\$	
PLEASE FILL IN THE ESTIMATED FUNDS TO BE SECURED FROM EAC	H SOURCE
Equity: \$	Loan Source(s): <u>\$</u>
TIF Assistance: \$	
Other (please specify): \$	
Total Sources: \$	
Describe amount & purpose for which TIF assistance is required:	
ACKNOWLEDGE (INITIAL) THAT YOU HAVE ATTACHED OR ENCLOSI	ED THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION
I have submitted an itemized list of project costs for (Refer to the list of Development Costs Eligible for Tax Increment Finance Assistance Policy).	Tax Increment Financing Assistance in the
I have also submitted project proformas indicating (i.e. with TIF assistance & without).	
Please state specific reasons why "but for" the use of TIF assistance, the	his project would not be possible:
What other alternative financing sources have been sought and why a	re they not feasible?



	What is the existing Comprehensive Plan Land Use designation and zoning of the property? Include a statement as to how the proposed development will conform to the current land use designation and how the property will be zoned, or rationale as to why changes will be necessary.
DI	EVELOPMENT/TIF GOALS
	What is the existing Comprehensive Plan Land Use designation and zoning of the property? Include a statement as to how the proposed development will conform to the current land use designation and how the property will be zoned, or rationale as to why changes will be necessary.
	Describe how the project proposed would meet one or more of the Village of Bellevue development/TIF goals:.
FI	NANCIAL BACKGROUND  Has the developer, developer's company, partner, or related affiliate ever filed for a
	bankruptcy or defaulted on a loan commitment?
	If yes, please explain:
	Do you have a financing commitment for the project?
	Financing Entity:
	Contact Name: Phone:
	Please provide a background on the developer's company, principals, and history; list previous related projects and locations as well as experience of this particular development team working together (attach any information that may be applicable).



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roject:		
Nunicipality:		
roject:		
lave you ever used tax increment final		
KNOWLEDGEMENT understand my signature below verifi	es that the information included in this app	olication is true and correct to the best of my knowle
Printed Name	 Signature	
Tinted Name	Signature	Date
OFFICE USE Amount Paid:	Date Paid:	Receipt #:

Please name any other municipalities wherein the applicant, or other corporations with which the applicant has been involved, has

