TOWN OF DELISLE

SCHEDULE "A" – APPLICATION FORM

BUSINESS TAX ABATEMENT INCENTIVE PROGRAM

1. APPLICANT INFORMATION

Legal Name of Applicant / Company:

Operating (Trade) Name (if different):

Mailing Address:

City/Town: _____ Province: _____ Postal Code: _____

Primary Contact Name:

Title/Position:

Phone Number: _____

Email Address: _____

2. PROPERTY INFORMATION

Civic Address of Property:

Legal Land Description (if known):

Current Property Use:

☐ Commercial

☐ Industrial

Property Roll Number: _____

3. PROJECT DETAILS

Type of Development (check all that apply):

☐ New Construction

☐ Addition / Expansion

☐ Renovation / Improvement

Project Description (attach additional pages if required):

Start Date (estimated): _____

Completion Date (estimated): _____

4. INVESTMENT DETAILS

Total Estimated Capital Investment ($):

Breakdown of Investment (if available):

- Construction Costs: $_____
- Equipment: $_____
- Other: $_____

Supporting documents attached (check all that apply):

☐ Construction estimates
☐ Contractor quotes
☐ Financing confirmation
☐ Business plan
☐ Other: _____

5. PROOF OF PAYMENT

The applicant acknowledges that:

- Final approval of tax abatement is conditional upon submission of proof that the investment has been completed and paid in full
- Acceptable proof may include:
  - Paid invoices
  - Contractor receipts
  - Financial statements or statutory declarations

☐ - I understand and agree

6. EMPLOYMENT IMPACT (OPTIONAL BUT RECOMMENDED)

Current Number of Employees (FTE): _____

Projected Number of Employees After Completion: _____

Estimated Jobs Created: _____

7. ABATEMENT REQUEST

Based on the program, I am applying under the following category:

☐ $500,000 (1 year)
☐ $750,000 (2 years)
☐ $1,000,000 (3 years)
☐ $2,000,000 (4 years)
☐ $3,000,000+ (5 years)

8. DECLARATION AND ACKNOWLEDGEMENT

I/We hereby certify that:

- The information provided in this application is true and accurate
- The proposed project complies with all municipal bylaws and regulations
- I/We understand that:
  - Tax abatement applies only to the incremental increase in assessed value
  - The base assessment remains fully taxable
  - Approval is subject to review and may include conditions
- I/We agree to provide supporting documentation as requested by the Town
- I/We acknowledge that failure to meet program requirements may result in cancellation of the incentive

Authorized Signature: _____

Name (Print): _____

Date: _____

9. OFFICE USE ONLY

Application Received Date: _____

Application Complete: ☐ Yes ☐ No

Eligible Investment Verified: ☐ Yes ☐ No

Approved Investment Category: _____

Abatement Term: _____

Assessment Value (Pre-Development): $_____

Assessment Value (Post-Development): $_____

Approval Authority:
☐ Administration
☐ Council

Approval Date: _____

Comments / Conditions:

_____

_____

10. SUBMISSION INSTRUCTIONS

Completed applications must be submitted to:

Town of Delisle
delise@sasktel.net