

**APPLICATION FOR TAX ABATEMENT  
CITY OF MONT BELVIEU, TEXAS**

Upon the filing of this Application for Tax Abatement, the Applicant acknowledges its familiarity and obligation to conform with the guidelines and criteria for tax abatement as set forth in **Resolution No. 2018-003**, dated May 14, 2018. This application will become part of any subsequent tax abatement agreement and any knowingly false representations by the Applicant will be grounds to void or otherwise terminate any tax abatement agreement based on the information contained herein or other agreement authorized and executed in conjunction with a tax abatement agreement. The Applicant should ensure that property subject to the abatement lies within the corporate limits of the City of Mont Belvieu, Texas.

An original copy of this application should be submitted to:

The City of Mont Belvieu  
c/o City Manager  
P.O. Box 1048  
Mont Belvieu, Texas 77580

**APPLICANT INFORMATION:**

**Application Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Entity Type:**

- Corporation ( )
- Partnership ( )
- LLC ( )
- Series LLC ( )
- Proprietorship ( )
- Other ( )

If "Other," please specify: \_\_\_\_\_

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**PROJECT INFORMATION:**

- Type of Facility:**
- Warehousing and Distribution
  - Manufacturing
  - Research
  - Regional Entertainment and Recreation
  - General Office Buildings
  - Industrial Repair and Service Centers
  - Industrial Supplies and Parts
  - Commercial Strip Developments
  - Retail and Wholesale Distribution of Food
  - Restaurants
  - Motels and Hotels
  - Other (please describe)
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**Proposed project location including physical address and legal description\*:**

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*\*Attach map and/or survey showing proposed site.*

**Describe product(s) or service(s) to be provided:** \_\_\_\_\_

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**Project Description:**

Attach statement fully explaining the proposed project, including a description of the existing site and improvements, and provide a list of improvements and fixed machinery and equipment for which tax abatement is requested.

( ) New Plant    ( ) Expansion    ( ) Modernization    ( ) Other

If "Other," please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**School District:**    Barbers Hill Independent School District

**County:**                Chambers

**ECONOMIC INFORMATION:**

**Construction Estimates:**

Start Month/Year:    \_\_\_\_/\_\_\_\_                      Construction Man-Years:    \_\_\_\_

Completion Date:    \_\_\_\_/\_\_\_\_                      Peak Construction Jobs:    \_\_\_\_

**If Modernization:**

Estimated Economic Life of Existing Plant:    \_\_\_\_ Years

Added Economic Life from Modernization:    \_\_\_\_ Years

**Permanent Employment Estimates (PTE's):**

Current Employment:    \_\_\_\_                      Number of Shifts Per Day:    \_\_\_\_

Number of Jobs:    ( ) Retained    or    ( ) Created

Number of Jobs at Start/Opening:    \_\_\_\_\_

Number of Jobs 3 Years into Operation    \_\_\_\_\_

**Estimated Appraised Value on Site:**

	<u>Personal Property</u>	<u>Improvements</u>	<u>Land</u>
Value as of January 1 <sup>st</sup> of the Year <i>Preceding</i> the Proposed Tax Abatement Agreement	\$	\$	\$
Estimated Value of Abated Property <i>After</i> Proposed Tax Abatement Agreement Expires	\$	\$	\$
Total Value of Project <i>Upon Completion</i> (includes Personal Property and Project Improvement not subject to Proposed Tax Abatement Agreement)	\$	\$	\$

**VARIANCE:**

Is the applicant seeking a variance from the tax abatement guidelines and criteria established by **Ordinance No. 2013-017** dated May 13, 2013?

Yes ( )

No ( )

If "Yes," attach to the application any additional information to support variance request.

**OTHER TAX ABATEMENTS:**

Has the Applicant requested a tax abatement for this project from another taxing jurisdiction?

Yes ( )

No ( )

If "Yes," please provide the following:

- 1.) Name of taxing jurisdiction(s) and contact(s) for same.

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2.) Date for each application.

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3.) Past or scheduled public hearing dates.

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4.) Past or scheduled dates of consideration by public entity.

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5.) Copy of any letters of intent to grant an abatement (attach to application).

**COMPANY REPRESENTATIVE TO BE CONTACTED:**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

Printed Name of Company Official: \_\_\_\_\_  
(if different from contact name listed above):