

**City of Biloxi, Mississippi**  
**Application for Tax Exemption**  
 (Filing is Mandatory for Exemption)

**INSTRUCTIONS:** The owner of the property must be the applicant signing and filing this application. File the original and two (2) copies of this form and all attachments with Stacy Thacker, Municipal Clerk of the City of Biloxi, 2<sup>nd</sup> Floor, City Hall, 140 Lameuse Street, Biloxi, Mississippi 39530. If you have questions regarding the completion of this form, please contact the Legal Department at (228) 435-6256.

To be completed by the Municipal Clerk	
Signature of Municipal Clerk	Date received by Municipal Clerk
	Date forwarded to Mayor's Office
Signature of Council Clerk	Date submitted to City Council

**APPLICANT INFORMATION:**  
 All boxes must be completed.

1. Name of property owner. (Applicant must be the fee-simple owner of the property or a tenant of a ground lease. If the applicant is a tenant of a ground lease, the landlord must also sign this application.)	
2. Property Address (City, State, Zip Code or real property location)	3. Number of years and percentage of assessed value requested for exemption (1 to 5 years; 0%-100%).
4. The Application shall contain or be accompanied by a general description of the project and the proposed use of the land and improvements. Attach additional page(s) if more room is needed. Such description should include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> A description of the general nature and extent of the restoration, replacement, or new construction to be undertaken.</li> <li><input type="checkbox"/> The total estimated cost of improvements and the total equity to be invested in the project</li> <li><input type="checkbox"/> Estimate of the project's impact on the local economy.</li> <li><input type="checkbox"/> The applicant's five (5) year business plan.</li> <li><input type="checkbox"/> The applicant's estimated return on private investment (ROI), with and without the requested <i>ad valorem</i> tax exemption.</li> </ul>	

<input type="checkbox"/> The applicant's sources and uses of funds. <input type="checkbox"/> Cash flow projections for the applicant, with and without exemption, for five (5) years. <input type="checkbox"/> Projections of new tax revenue generated by the project and supporting data for estimates of sales tax, gaming tax, and property tax expected to be generated by the project (assuming the requested tax exemption is granted). <input type="checkbox"/> The likely true value of improvements (once the project is completed) and assessed value of the improvements, based on consultation with the Harrison County Tax Assessor.							
5. State your calculation of the total estimated taxes for 5 years for which you are applying for exemption.							
6. Indicate the time schedule for start and finish of construction installation. Projects must be completed to receive a tax exemption. Any exemption will become effective only after completion of construction and receipt of an official Certificate of Occupancy from the City of Biloxi.							
<table style="margin: auto;"> <tr> <td style="text-align: center;"><u>Begin Date(M/D/Y)</u></td> <td style="text-align: center;"><u>End Date (M/D/Y)</u></td> </tr> <tr> <td style="text-align: center;">Real Property Improvements _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Owned</td> <td style="text-align: center;"><input type="checkbox"/> Leased</td> </tr> </table>		<u>Begin Date(M/D/Y)</u>	<u>End Date (M/D/Y)</u>	Real Property Improvements _____	_____	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
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Real Property Improvements _____	_____						
<input type="checkbox"/> Owned	<input type="checkbox"/> Leased						
7. Do you understand that school district taxes are not affected by this tax exemption application?  <div style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No*         </div> <p>* A "No" response will result in the return of your application until such time as this exception to the tax exemption ordinance is acknowledged.</p>							
8. For existing businesses, please provide the number of existing jobs at this facility that will be retained after completion of construction.	9. Number of permanent new jobs this facility is expected to create within two (2) years of completion of construction.						
10. Will preference in hiring be given to local residents for permanent jobs?	11. If so, please estimate the number of local residents that will be employed and the percentage of local residents employed in relation to the overall number of employees.						

12. What are the wage rates for each category of permanent jobs created by the project (attach additional pages if needed)?	13. Number of construction jobs expected for construction of this facility.
14. Will local residents be employed for construction?	15. If so, please estimate the number of local residents that will be employed in construction and the percentage of local residents employed in relation to the overall number of construction jobs.
16. Do you anticipate that this facility will use construction materials purchased locally?	17. If so, estimate the dollar amount of locally purchased construction materials.
18. Does the applicant represent that the project cannot go forward without an exemption? Please provide a detailed explanation regarding your answer. Attach any documentation from lenders and investors that may support your representation that the project would not go forward without the exemption. Attach additional page(s) if more room is needed.	
19. The assessed value data below must be as of December 31 of the year prior to rehabilitation, renovation or expansion. Attach a copy of the Tax Assessor's card or record for this tax parcel(s).  a. AV of Real Property (Land Only).....\$ _____ b. AV of Current Improvements, if any (Excluding Land).....\$ _____ c. Total AV.....\$ _____	
20. State the site address of the development and attach a map showing the site.  _____ _____ _____	
21. The following documentation is not required but will assist in a determination regarding exemption:  <input type="checkbox"/> Market and feasibility analysis. <input type="checkbox"/> Analysis of current market saturation for like businesses and the impact of the project on other existing businesses of like nature.	
22. Do you understand that if the requested exemption is granted, failure to achieve your stated representation of permanent jobs to be created within two years (paragraph 8 herein) in this application will result in the revocation of the exemption? Revocation means that the applicant will be required to pay the full sum of all <i>ad valorem</i> taxes for all years in which the exemption was in place and for all years thereafter.  <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No*         </div>	
* A "No" response will result in the return of your application.	

**APPLICANT CERTIFICATION.**

Complete all boxes.

The undersigned, individual owner(s) of the property, or an authorized officer of the company that owns the property, certifies that, to the best of his/her knowledge, no information contained herein, or in the attachments hereto, is false in any way and all information is truly descriptive of the property and the development for which this application is being submitted.

Applicant Name(s)	Telephone Number(s)	Fax Number
Name(s) of Contact Person	E-mail Address(es)	Mailing Address (Street, City, State, Zip Code)
Name of Company Officer, including title		
Signature and Date		
Print Name: _____		Date: _____

**LOCAL GOVERNMENT ACTION AND CERTIFICATION.**

Complete all boxes.

This section must be completed by the Municipal Clerk of the City of Biloxi before submitting the application to the Harrison County Board of Supervisors. The documents supporting the application should also be submitted to the Harrison County Board of Supervisors.

<p>23. Action taken by the Biloxi City Council:</p> <p><input type="checkbox"/> Exemption approval for ____ years of ____ (1 to 100%) of AV of improvements after completion (Include Resolution approving exemption on _____, 20____.)</p> <p><input type="checkbox"/> Denied (Include Resolution denying on _____, 20____.)</p>	<p>24. The following documents are to be attached when this application is filed with the Harrison County Board of Supervisors:</p> <p><input type="checkbox"/> A true and correct copy of the application plus attachments; and</p> <p><input type="checkbox"/> A certified copy of the Resolution of the Biloxi City Council approving/denying this application.</p>
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Attached hereto is a true and correct copy of the application and all documents listed in 27 above. I also certify that the original of said application and its attachments are on file in the Office of Municipal Clerk, City of Biloxi.

Municipal Clerk of the City of Biloxi: Mail a true and correct copy of the application and all attachments, along with a certified copy of the Resolution of the Biloxi City Council approving/denying this application to:

**Honorable John McAdams**  
**Clerk of the Harrison County Board of Supervisors**  
**Physical Address: 1801 23<sup>rd</sup> Avenue, Gulfport, Mississippi 39501**  
**Mailing Address: Post Office Drawer CC, Gulfport, Mississippi 39503**

Applications shall be sent via certified mail or hand delivered to Hon. John McAdams with receipt acknowledged below.

Name	Title	Date of Receipt of Application and Attachments