



## APPLICATION FOR ALLOCATION OF RECOVERY ZONE FACILITY BONDING AUTHORITY

NAME OF ISSUER: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

AMOUNT OF ISSUANCE AUTHORITY REQUESTED: \$ \_\_\_\_\_  
Minimum amount of issuance authority acceptable (in case multiple applications): \$ \_\_\_\_\_

ANTICIPATED BOND ISSUANCE DATE: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

### THIS COMPLETED APPLICATION FORM MUST BE ACCOMPANIED BY:

1. A nonrefundable application fee payable from the issuer to St. Louis County of \$20 for each \$100,000 amount of issuance authority requested with the request rounded to the nearest \$100,000, or \$500, whichever is greater.
2. A resolution adopted by the governing body establishing a Recovery Zone, or a statement from the issuer that the project will be located in a Recovery Zone.
3. A map showing the location of the Recovery Zone.
4. A statement of the criteria used for establishment of the Recovery Zone (if applicable).
5. A site plan showing the boundaries of the proposed development, public infrastructure, parking, and the size and location of the building(s) and other improvements.
6. A general description of the project, including business type or use; nature of improvements; parking capacity, projected vehicle counts and traffic flows.
7. A preliminary Sources and Uses statement with the status of funding request for each identified source.
8. A statement from the issuer's bond counsel that the local government is qualified to issue bonds under federal tax law and the proposed issue of obligations qualifies under the American Recovery and Reinvestment Act as a Recovery Zone Facility Bond.
9. A preliminary term sheet prepared by the selected underwriter.

**PROJECT INFORMATION**

1. The number of direct full-time, permanent new jobs to be created in St. Louis County within the next two years: \_\_\_\_\_.
2. The number of direct existing jobs retained in St. Louis County within the next two years: \_\_\_\_\_.
3. The hourly wage and benefits paid to employees by the proposed project within the next two years: \_\_\_\_\_. *Detail by job classification or title.*
4. The net property tax increase in first full year of operation:\_\_\_\_\_.
5. The seasonally unadjusted unemployment rate for the city:\_\_\_\_\_.
6. The projected date to start project construction:\_\_\_\_\_.
7. The projected date to complete project construction:\_\_\_\_\_.

The following official of the issuer is designated for contact by:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ISSUER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

THE UNDERSIGNED CERTIFY THE ACCURACY OF THE ABOVE INFORMATION SUBMITTED WITH THIS APPLICATION:

\_\_\_\_\_  
Mayor or Chief Administrator of Local issuer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Local Issuer or Bond Counsel

\_\_\_\_\_  
Date

**Send one original copy to:** St. Louis County Planning and Development, Attn: Recovery Zone Facility Bond Applications, 227 W. First St., Suite 100, Duluth, Minnesota 55802