



Lago Vista Economic Development Department

**Application For
Economic Development Incentives**

**City of Lago Vista
5803 Thunderbird Street Lago
Vista, Texas 78645
512-267-1155 ext 102
Eric.Zeno@lagovistatexas.gov**

This application must be filed at least 60 days prior to the date the City Council considers the request. Requests for incentives must be approved by the Economic Development Department and City Council if warranted prior to the beginning of construction or installation of equipment. This application will become part of the agreement between the applicant and the City of Lago Vista. Any knowingly false representations will be grounds for voiding the agreement. This original application must be submitted to the Director of Economic Development, City of Lago Vista, 5803 Thunderbird Street, Lago Vista, Texas 78645.

Date of Application_____

Company Name_____

Address _____

Telephone Number(s) _____

Company Web-Site _____

Number of Current Employees

Full-Time_____

Part-Time_____

Type of Ownership: Corporate_____ Partnership_____ Proprietorship _____

Names of all Owners, Partners, Directors (use separate sheet if needed)

_____Address_____

_____Address_____

_____Address_____

Location of all other businesses owned or operated by the applicant.
(Separate sheet(s) if needed)

Corporate Headquarters address if applicable

Signature of applicant
Date

PROJECT INFORMATION

Type of Facility:

Distribution_____	Development_____
Manufacturing_____	Service_____
Entertainment_____	Other (Specify) _____

Project Description: New _____ Expansion _____ Modernization _____

Project Address: _____

Please attach a map and legal description of project location showing proposed improvements. Also, please describe below the proposed use and the specific nature and extent of the project. Include how much you expect the City of Lago Vista to contribute to the project.

Describe the products(s) and / or service(s) provided:

List all improvements planned: (use separate page if needed)

Improvement Items

Expected Cost

Total:

List all sources for financing the improvements:

Estimated date of start and completion of the project:

Start: _____

Complete: _____

What is the expected lifespan of the improvement(s)?

ECONOMIC INFORMATION

Number of persons currently employed by applicant:

Full-Time: _____

Part-Time: _____

Total Annual Payroll: _____

New Jobs created:

	New Jobs	Annual Payroll
At opening	_____	_____
At 3 years	_____	_____
At 5 years	_____	_____

New jobs filled by Lago Vista residents:

Full-Time: _____

Part-Time: _____

Current assessed value of facility: _____

Describe potential benefit with this incentive: _____

Describe potential job loss without this incentive:

Signatures

Authorized Company Representative:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Attach

****THESE ARE ABSOLUTES****

- **A- Bank References**
- **B- Most recent annual report-financial statement For the last three years**
- **C- Personal Resume(s)**