

**Texas Enterprise**

**Project Name Change**

**Application**

Office of the Governor

Economic Development and Tourism

Texas Economic Development Bank

**For Office Use Only:**

**Date Received:**

**Application Fee Submitted**

**Project:**

**Community:**

**Received By:**

**Texas Enterprise Zone Program**

**Enterprise Project Name Change Application Instructions**

The program is administered by the Economic Development Bank (Bank) in the Office of the Governor Economic Development and Tourism Division (Office). The Texas Enterprise Zone Program promotes job creation and capital investment in economically distressed areas of Texas. The Texas Enterprise Zone Act (Act), Chapter 2303, Texas Government Code, encourages state and local incentives to induce private investment in these distressed areas.

The Bank designates enterprise projects on a competitive basis through quarterly application rounds. Applications may be submitted no earlier than five business days before and must be received by the Office no later than 5:00 p.m. Central Standard Time on the day of the project deadline. Project deadlines are the first business day of the following months: September, December, March and June.

An application for a name change of an existing enterprise project may be submitted on any day. Mail an original application to the following address:

Mailing Address: Street Address:

Office of the Governor Office of the Governor

Economic Development and Tourism Economic Development and Tourism

Texas Economic Development Bank Texas Economic Development Bank

Texas Enterprise Zone Program Texas Enterprise Zone Program

Post Office Box 12428 1100 San Jacinto

Austin, Texas 78711 Austin, Texas 78701

(512) 936-0100 (512) 936-0100

Mail the application fee under separate cover along with the last page of this application (Application Fee Memorandum) to:

Mailing Address: Street Address:

Office of the Governor Office of the Governor

Attn: Financial Services Attn: Financial Services

Post Office Box 12878 1100 San Jacinto

Austin, Texas 78711 Austin, Texas 78701

(512) 936-0100 (512) 936-0100

**The check must clearly state the name of the project and the nominating jurisdiction.**

For additional information on the Texas Enterprise Zone Program, contact the Texas Economic Development Bank at (512) 936-0100.

Exact Name of Business Under Which Designation is Sought

Nominating Jurisdiction

### I. APPLICATON FEE

Non-refundable Application Fee in the amount of $500 submitted, made payable to Texas Office of the Governor

### II. ORIGINAL DESIGNATION

Exact Legal Name Under Which the Business Originally Received Designation

Enterprise Project Number *(assigned at designation)*

### III. PROJECT

**Primary Business Address of the Qualified Business Site**

Street Address

City       State TX Zip       -

Exact Legal Name Under Which the Business will be Doing Business

Effective Date of Name Change

Provide a brief explanation of the reason(s) for the name change. (attach additional pages behind this page as needed)

Exact Name of Business Under Which Designation is Sought

Federal Tax ID Number       Comptroller of Public Accounts Number

Provide:

Certificate of Amendment to the Articles of Incorporation **and** Amended Articles of Incorporation

**--or--**

D.B.A. Statement under which business operates

What is the Structure of the Company?

Privately Held Corporation  Partnership

Publicly Held Corporation  Limited Partnership (LP)

Limited Liability Corporation (LLC)  Other

Sole Proprietorship

Is the Qualified Business a Franchise?  Yes  No

Is the Qualified Business a Subsidiary?  Yes  No

Will any other entity of the controlled group be financially involved with this proposed enterprise project or activity?

Yes  No

If yes, Organization Chart of the Business Structure included behind this page  Yes  No

Also, if yes, list each participating entity below and complete an Additional Participating Entities form (page 3 of this application) for each entity in the business controlled group participating in the project or activity

Exact Name of Business Under Which Designation is Sought

### IV. ADDITIONAL PARTICIPATING ENTITIES FORM

Not Applicable

Complete the following information, including a contact, for each related entity that is a member of a controlled group that is **necessary** to the project or activity

Prefix       First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State       Zip       -

Phone Number       Fax Number

Email Address

Federal Tax ID No.       Comptroller of Public Accounts No.

Provide a detailed description of this entity’s role with respect to the project for each applicable category.

Capital Investment for Use at the Qualified Business Site

Direct Payment of State Sales and Use Taxes for Items Used at the Qualified Business Site

Employment of Employees at the Qualified Business Site

Exact Name of Business Under Which Designation is Sought

### V. PRIMARY BUSINESS REPRESENTATIVE

Prefix       First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State       Zip       -

Phone Number       Fax Number

Email Address

Company Website

### VI. LOCAL BUSINESS REPRESENTATIVE (Qualified Business Site)

Prefix       First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State TX Zip       -

Phone Number       Fax Number

Email Address

Company Website

Exact Name of Business Under Which Designation is Sought

### VII. COMMITMENT TO THE COMMUNITY

Yes  No Commit to hire under-skilled, inexperienced, disadvantaged or displaced workers.

Yes  No Commit to hire minority workers.

Yes  No Commit to contract with minority-owned businesses.

Yes  No Commit to provide technical and vocational job training for enterprise zone residents or economically disadvantaged employees.

Yes  No Commit to provide child care for employees.

Yes  No Commit to work toward the prevention or reduction of juvenile criminal activity.

Yes  No Commit to make contributions to the well-being of the community:

### Yes No Job training

### Yes No Donation of land for parks or other public purposes

### VIII. ADDITIONAL COMMITMENTS

Outline the company’s additional commitments to the community by specific recipient and dollar value of anticipated contribution(s) **during the designation period**.

Yes  No Employee benefits provided:

### Yes No Medical coverage insurance

### Yes No Flexible spending accounts

### Yes No 401K participation and/or stock options

Exact Name of Business Under Which Designation is Sought

### IX. CERTIFICATION OF APPLICATION

**Governing Body Liaison** *(as stated in the nominating ordinance or order)*

Prefix       First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State TX Zip       -

Phone Number       Fax Number

Email Address

Community Website

To the best of my knowledge and belief, the information contained in this Enterprise Project Name Change Application is true and correct and I am fully aware that ORIGINAL COMPANY NAME has changed its name to NEW COMPANY NAME , as evidenced by my signature below.

Signature Date

*(Governing Body Liaison)*

Printed Name       Title

GIVEN under my hand and seal of office this day of ,

Notary Public, State of Texas

(Notary Seal)

My commission expires

Exact Name of Business Under Which Designation is Sought

### Xa. QUALIFIED BUSINESS CERTIFICATION AND AGREEMENT

The nominated Enterprise Project hereby certifies and agrees that it:

1. is located in, or has committed to locate in JURISDICTION , Texas, in COUNTY County, Texas; and
2. will maintain separate payroll and tax records of the business activity conducted at the qualified business site, or other information as required by local and state government units; and
3. commits to participate in local efforts to achieve development and revitalization of the area; and
4. understands that before obtaining a state benefit, the qualified business must submit to the Comptroller a certified report of the actual number of jobs created and/or retained and the capital investment made; and
5. understands that to be a qualified business eligible for enterprise project designation, twenty-five percent (25%) of the new or additional employees hired must be residents of an enterprise zone or economically disadvantaged persons if the qualified business site is located in an enterprise zone, or thirty-five percent (35%) if the qualified business site is located outside of an enterprise zone; and
6. commits that       percent of its new employees will be residents of an enterprise zone or economically disadvantaged persons; and
7. understands that the project must maintain the level of employment and the jobs for which a refund has been received to the end of the designation period or for at least three (3) years from the date of refund of state sales and use taxes, whichever is later, or it may become liable for recapture of refunded taxes and interest by the Texas Comptroller of Public Accounts (Comptroller); and
8. will report to the Comptroller the status and effectiveness of the designation; and
9. certifies that the project, or a branch, division, or department of the business, does not and will not knowingly employ an undocumented worker; and
10. understands that the state sales and use tax refund is subject to approval by the Comptroller and the requirements of the Tax Code and applicable Administrative Rules – specifically Section 151.429 of the Tax Code and Title 34 Texas Administrative Code, Section 3.329. Construction contracts must be “separated” (i.e. contract in which the agreed contract price is divided into a separately stated agreed contract price for incorporated materials and a separately stated agreed contract price for skill and labor) and not “lump-sum” in order to claim a refund of state sales tax.

This certification and agreement is effective from the date of designation through the date of expiration as an enterprise project.

To the best information and belief, the information contained in this Enterprise Project Application is true and correct and I, as primary business representative, have read the Texas Enterprise Zone Program Act and the Enterprise Zone Program Rules and am familiar with the provisions contained therein as evidenced by my signature below.

Signed GIVEN under my hand and seal of office this

*(Primary Business Representative)* day of ,

Printed Name

Notary Public, State of Texas

Title

My commission expires

Date       (Notary Seal)

Exact Name of Business Under Which Designation is Sought

### Xb. QUALIFIED BUSINESS CERTIFICATION AND AGREEMENT

The nominated Enterprise Project hereby certifies and agrees that it:

1. is located in, or has committed to locate in JURISDICTION , Texas, in COUNTY County, Texas; and
2. will maintain separate payroll and tax records of the business activity conducted at the qualified business site, or other information as required by local and state government units; and
3. commits to participate in local efforts to achieve development and revitalization of the area; and
4. understands that before obtaining a state benefit, the qualified business must submit to the Comptroller a certified report of the actual number of jobs created and/or retained and the capital investment made; and
5. understands that to be a qualified business eligible for enterprise project designation, twenty-five percent (25%) of the new or additional employees hired must be residents of an enterprise zone or economically disadvantaged persons if the qualified business site is located in an enterprise zone, or thirty-five percent (35%) if the qualified business site is located outside of an enterprise zone; and
6. commits that       percent of its new employees will be residents of an enterprise zone or economically disadvantaged persons; and
7. understands that the project must maintain the level of employment and the jobs for which a refund has been received to the end of the designation period or for at least three (3) years from the date of refund of state sales and use taxes, whichever is later, or it may become liable for recapture of refunded taxes and interest by the Texas Comptroller of Public Accounts (Comptroller); and
8. will report to the Comptroller the status and effectiveness of the designation; and
9. certifies that the project, or a branch, division, or department of the business, does not and will not knowingly employ an undocumented worker; and
10. understands that the state sales and use tax refund is subject to approval by the Comptroller and the requirements of the Tax Code and applicable Administrative Rules – specifically Section 151.429 of the Tax Code and Title 34 Texas Administrative Code, Section 3.329. Construction contracts must be “separated” (i.e. contract in which the agreed contract price is divided into a separately stated agreed contract price for incorporated materials and a separately stated agreed contract price for skill and labor) and not “lump-sum” in order to claim a refund of state sales tax.

This certification and agreement is effective from the date of designation through the date of expiration as an enterprise project.

To the best information and belief, the information contained in this Enterprise Project Application is true and correct and I, as the local business liaison, have read the Texas Enterprise Zone Program Act and the Enterprise Zone Program Rules and am familiar with the provisions contained therein as evidenced by my signature below.

Signed GIVEN under my hand and seal of office this

*(Local Business Representative)* day of ,

Printed Name

Notary Public, State of Texas

Title

My commission expires

Date       (Notary Seal)

Exact Name of Business Under Which Designation is Sought

### XI. PARTICIPATING CONSULTANT FORM

Complete the following information for each consultant involved with this project

First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State       Zip       -

Phone Number       Fax Number

Mobile Number       Website

Email Address

Application Preparer  Other

Representing

Brief Description of Consultant’s Role with Application

I confirm that the above-named consultant has been retained to participate in this application process as outlined above.

Signature Date

*(Authorizing Participant)*

Printed Name       Title

To the best of my knowledge and belief, the information contained in this Enterprise Project Name Change Application is true and correct.

Signature Date

*(Participating Consultant)*

Printed Name       Title

Exact Name of Business Under Which Designation is Sought

### XII. APPLICATION FEE MEMORANDUM (Enterprise Zone Program)

TO: Office of the Governor

Attn: Financial Services

Post Office Box 12878

Austin, Texas 78711

Subject: Texas Enterprise Zone Program Application Fee for Enterprise Project Name Change Application Submitted by Nominating Jurisdiction on Behalf of Project Name

Please send a copy of this form along with a copy of the attached Non-Refundable Application Fee to Economic Development and Tourism Division, Attn: Enterprise Zone Program Staff, Economic Development Bank submitted by Nominating Jurisdiction on behalf of Project Name.

$500 for an Enterprise Project Name Change Application

If you have questions regarding this submission, please contact:

First Name       \_\_\_\_ Last Name

Title

Organization

Street Address

Mailing Address

City       State       Zip       -

Phone Number       Fax Number

Email Address