

**City of Rugby
Renaissance Zone Application**

Applicant's Name: _____

Home Address: _____

Business Name: _____

Business Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Project Description

Street Address of project _____

Legal Description of project _____

Name of current property owners: _____

Brief description of project:

Signature

Date

Appendix G

Rugby Renaissance Zone Project Information

In order to receive DCS approval on zone projects, the following information must be submitted to the DCS.

1. Type of project

Business

Residential

2. Name of applicant/or business name _____

Tax Identification number(s) _____ / _____

Type of entity _____

Address and renaissance one block number as it appears in the development plan property listings.

Address: _____

Renaissance Zone Block _____

On residential projects make sure the following information is included if applicable.

- Taxpayer's name (for name for joint filers).
- Taxpayer's Social Security Number (both for joint filers).
- Mailing address if different from the street address identified above.
- Evidence that the home purchased is the taxpayer's primary residence.

On business applications make sure the following information is included if applicable.

1) Business name (trade name, doing business as) or investor's name.

2) Legal name of business if different from trade name.

3) Mailing address if different from the street address identified above.

4) Federal employer identification number or (social security number, if a sole proprietor).

5) Type of entity.

Partnership

Corporation

Subchapter S corporation; cooperative

Sole proprietorship

Limited liability company

Limited liability partnership

3. Project Information:

- Purchase (to include new construction)
- Purchase with major improvements (**applies only to commercial projects**).

a. Lease

What type of lease? New Expansion Continuation of a lease

a) If this is an expansion, what is the additional square feet of the expansion? _____

If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property?

YES NO

b. Rehabilitation

Commercial 50% of the True and full value

Or

Residential 20% of the True and full value

For rehabilitation projects, provide a description of the work, the current true and full value of the building, and the estimated costs.

4. Does this project involve historical preservation or renovation? YES NO

For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. **A letter of approval from the Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.**

c. Information for historical properties may be obtained by contacting the Historical Society at : (701) 328-2666.

For projects other than the purchase (includes new construction) or rehabilitation of a single family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor.

5. Is the project being funded by a Renaissance Fund Organization? YES NO
If yes, describe the type and amount of financing and name of the Renaissance Fund Organization.

6. Provide the estimated state and local tax benefit to the taxpayer for five year (applies to all projects).

State Tax benefit for five years \$ _____

Property Tax benefit for five years \$ _____

Is the entity subject to the financial institution tax (N.D.C.C. € 57.35.3)?

YES NO

7. Zone Authority and City Documentation:

- d. Date of approval or conditional approval ____/____/____

Provide a copy of minutes or other supporting documentation that indicates the formal approval by the approving entity.

8. Identify from the Development Plan the specific criteria used to approve the project.

9. Evidence that the taxpayer is current on state taxes. (**Taxpayers can contact the Office of State Tax Commissioner to receive a Certificate of Good Standing. This request must indicate that it is for a Renaissance Zone Project.**) See Appendix E.

10. Expected date of occupancy ____/____/____

NOTE: The DCS reserves the right to reject a zone approved project or to continue negotiating its approval. When a project is approved by the DCS, the local zone authority will be notified in writing. If after a project is approved and the property changes hands or a replacement project is approved during the five year exemption period, the DCS does not need to approve the transfer or the replacement project. The zone authority, however, must notify the DCS of the change and provide the applicable information about the new homeowners, business, and/or investor. The zone authority must also notify the DCS if any other change occurs in the status of the business or investor tax would affect the exemption approved. **Once the project is completed,** DCS must be informed by email, FAX or letter of the exact date of the completion, and project number before the final letter of approval can be issued. **On historical renovations/rehabilitations** documentation from the Historical Society approving the final restorations must be submitted to DCS prior to a final letter of approval can be issued.

Business Incentive Agreement

This part is only to be completed for Business Incentive Agreements.

Is this a business incentive agreement (\$25,000 or greater)? YES NO

Name and address of the parent corporation if any.

Name _____

Address _____

Location of the business prior to receiving the business incentive.

City _____

State _____

Was any additional financial assistance received from any state or other political subdivision grantors (does not include state or local taxes)? YES NO

If yes, please list the name and amount below.

By signing this document the recipient agrees to continue operations in the jurisdiction in which the business incentive is issued for five years or more after the benefit date.

By signing this agreement, the recipient verifies that it has not failed to meet the terms of any business incentive agreement in the last five years.

Dated this _____ day of _____, 20_____.

Recipient _____ On behalf of

(Business) _____

Dated this _____ day of _____, 20_____.

Grantor _____ On behalf of the City of _____

Dated this _____ day of _____, 20_____.

Grantor _____ On behalf of the Division of Community Services.



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
 Cory Fong, Commissioner

**Request for Renaissance Zone Certificate of Good Standing—
 State Taxes Only**

To obtain a Renaissance Zone Certificate of Good Standing for state tax purposes, please complete this form. Submit completed form to the Office of State Tax Commissioner—see bottom of page.

1. Name of taxpayer applying for zone project _____
(If a sole proprietorship, provide name of business and name of individual who owns the business.)

2. Applicant is a(n): Individual (or sole proprietorship) Partnership (all types)
 Regular (“C”) corporation Subchapter S corporation Limited liability company
 Other _____

3. Taxpayer’s mailing address _____

4. Taxpayer’s social security number or federal employer identification number (FEIN) _____
If a sole proprietorship, provide social security number of owner and, if applicable, FEIN of the business. If a new business and an FEIN is pending from the Internal Revenue Service, write “Pending from IRS.”

5. Is taxpayer a newly created business this year? If yes, skip question 6. Yes No

6. Did taxpayer file a North Dakota income tax return for last year? Yes No
 If no, please explain: _____

7. If taxpayer is a business, what is the principal business activity?

8. If taxpayer is a partnership, subchapter S corporation, or a limited liability company treated like a partnership, complete page 2 of this form.

9. a. Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer? Yes No
 b. If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? Yes No
 If not, please explain: _____

10. a. Does (or will) taxpayer have employees from whom North Dakota income tax must be withheld? Yes No
 b. If yes, has taxpayer registered for North Dakota income tax withholding? Yes No
 If not, please explain: _____

11. Taxpayer’s signature

Signature

Printed name

12. **Mail request to:** Individual Income Tax Section **Or fax request to:** 701.328.1942
 Office of State Tax Commissioner
 600 East Boulevard Avenue, Dept. 127
 Bismarck ND 58505-0599

Important: The certificate of good standing will be sent only to the taxpayer or to the taxpayer’s representative designated by the taxpayer on a properly completed North Dakota Form 500.

If the taxpayer is a partnership, subchapter S corporation, or limited liability company treated like a partnership, provide the name and social security number (SSN) or federal employer identification number (FEIN) for each of the entity's owners.

Name of owner _____
SSN or FEIN _____

Name of owner _____
SSN or FEIN _____

Name of owner _____
SSN or FEIN _____

Name of owner _____
SSN or FEIN _____

Name of owner _____
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