

**APPLICATION FOR TAX ABATEMENT
WEBB COUNTY TEXAS**

FILING INSTRUCTIONS:

This application must be submitted before any construction begins to be eligible for a tax abatement. This filing acknowledges familiarity and assumed conformance with Webb County's "Tax Abatement Guidelines and Criteria".

This application will become a part of any later agreement or contract, and knowingly false representations thereon will be grounds for the voiding of any later agreement or contract. There is a one thousand dollar (\$1,000.00) non-refundable application fee for each application filed.

Persons who wish to apply for tax abatement must complete this application and return a signed original with supporting documents and two copies to the Webb County Judge, 1000 Houston St. Third Floor, Laredo Texas 78040.

Applicant Information

Applicant Name:

Applicant Address, Phone, and Email:

Applicant's Project Entity:

Type of Business Association:

___ Corporation/Partnership ___ Proprietorship ___ Other

Project Entity Address, Phone, and Email:

Project Entity Contact Person's Name:

Project Entity Contact Person's Address, Phone, and Email:

Project Information:

1. Proposed Project or Facility Address, Including Map and Property Description:

***(Attach Map and Property Description separately)**

2. Brief description of project, facility, and eligible property for which tax abatement is sought:

(add additional pages as necessary)

3. Does this property fall under the designation of an Authorized Facility provided in Section 3.1 of the Webb County Guidelines and Criteria?

_____ Yes _____ No

4. This application is for (choose one):

___ New Plant ___ Expansion ___ Modernization

5. Please list all of the taxing jurisdictions in which the proposed project or facility is located:

6. Please provide the following information on the Project:

a. Initial Year of Development: _____

b. Year Project will be Completed and Placed in Service: _____

c. For each year prior to Completion and Placement in Service, list the Estimated Taxable Value of Construction Work in Progress (“CWIP”).

i. Construction Year 1: Year End CWIP \$ _____

ii. Construction Year 2: Year End CWIP \$ _____

iii. Construction Year 3: Year End CWIP \$ _____

d. For each year after the Project is placed in service, list the Estimated Taxable Value or Range of Taxable Values of the Eligible Property for which Abatement is sought.

1. Project Operation Year 1: Year End Taxable Value \$ _____

2. Project Operation Year 2: Year End Taxable Value \$ _____

3. Project Operation Year 3: Year End Taxable Value \$ _____

4. Project Operation Year 4: Year End Taxable Value \$ _____

5. Project Operation Year 5: Year End Taxable Value \$ _____

6. Project Operation Year 6: Year End Taxable Value \$ _____

7. Project Operation Year 7: Year End Taxable Value \$ _____

8. Project Operation Year 8: Year End Taxable Value \$ _____

9. Project Operation Year 9: Year End Taxable Value \$ _____
10. Project Operation Year 10: Year End Taxable Value\$ _____

e. Please describe basis to be used for the Eligible Property’s depreciation.

(add additional pages as necessary)

- 7. Please attach information describing how the Proposed Project or Facility meets the minimum requirement for tax abatement outlined in the Guidelines & Criteria.
- 8. Please attach information on the following aspects of the proposed project or facility:
 - a. Current Value of Land and Existing Improvements, if any;
 - b. Type of Proposed Improvements and Eligible Property;
 - c. Estimated Useful Life of Proposed Improvements and Eligible Property;
 - d. Impact of Proposed Improvements on Existing Jobs;
 - e. Number and Type of New Jobs, if any, to be created by Proposed Improvements;
 - f. Costs to be incurred by Webb County, if any, to provide facilities or services Directly resulting from the new improvements;

- g. Types and Values of Public Improvements, if any, to be made by Applicant Seeking abatement;
- 9. List impacts on the business opportunities of existing businesses and the attraction of new businesses to the area, if any.
- 10. Please provide a copy of the Project’s submittal to the Texas State Comptroller, if applicable.
- 11. Please attach a list all Webb County Appraisal District Property Tax Identification Numbers associated with all parcels within which the Project will be located.
- 12. Provide a site map and property description, including a complete legal description of the property.
- 13. A time schedule for undertaking and completing the planned improvements. In the case of modernization, a statement of the assessed value of the facility, separately stated for real and personal property, shall be given for the tax year immediately preceding the application. The application form may require such financial and other information as the County deems appropriate for evaluating the financial capacity and other factors of the applicant.
- 14. Certification from the Webb County Appraisal District (or each jurisdiction with taxing authority) verifying that no taxes are past due on applicant’s property located in the proposed reinvestment zone.
- 15. Disclosure of any environmental permits required or additional environmental impacts.
- 16. **Application fee.** [Note Section 3D. of the Tax Abatement Guidelines and Criteria as Amended requires "All checks in payment of the application fee shall be made payable to Webb County. In addition to the application fee the applicant shall also agree to pay reasonable professional service and consulting fees as may be incurred by Webb County in the examination of the application, feasibility, analysis, or preparation and negotiation of any tax abatement agreement. Such payment shall be determined during the negotiation of the abatement agreement and payable as a condition precedent to the execution of the agreement."]

I confirm that I have reviewed Webb County’s Tax Abatement Guidelines and Criteria (as amended 11-9-2020) and declare that the information provided in this application is true and correct to the best of my knowledge, information and belief.

 Applicant Signature
 Typed/Printed Name: _____
 Title: _____
 Date: _____