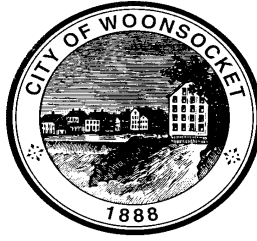


City of Woonsocket, Rhode Island



JOB CREATION INCENTIVE PROGRAM
Application Form

Name of business: _____

Street address: _____

Contact name: _____ Phone: _____

Contact e-mail: _____ FAX: _____

Legal name of business ownership: _____

Legal name of facility ownership: _____

Program application: Highland Industrial Park
 Enterprise Zone
 City-wide

Date the business moved into or will move into its current facility: _____

What is the nature of your investment in the facility (please choose one of the following):

- New construction
- Substantial renovation
- Reoccupation of vacant / abandoned building

Which of the following best describes the primary activity undertaken at your facility:

- Manufacturing
- Warehousing
- Research & Development
- Services
- Retail / commercial trade

Please use the attached form to disclose the name and the city and state of residence of each full time employee (defined as permanent, with a minimum of 30 hours per week work week). Identify permanent part time workers, sum their hours of work per week and divide by 30 to yield your final number of FTE for purposes of this application.

Add and submit additional rosters as needed.

	Employee Name	Employee Place and State of Residence
1.		
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To be completed by the applicant:

I certify that I have read and understand all of the terms of participation disclosed in the City of Woonsocket’s Job Creation Incentive Program brochure. Specifically:

I understand that in exchange for the reduction in commercial property taxes applied for by the business, I am pledging to the City that the business will add at least two (2) new, FTE as a result of investing in a facility.

I realize that at least 30% of the new jobs created will be filled by Woonsocket residents, unless I apply for and am granted a waiver from the City Council.

Each new position receives medical and vacation benefits.

The business is in complete compliance with federal and state guidelines concerning workplace safety and equal employment opportunity.

I understand that if the business fails to meet these requirements, or fails to stay current on municipal taxes and/or fees, this application may be denied or the business may be removed from the program.

For the business: _____ Title: _____

Date of application: _____

Please do not write below this line.

We have reviewed this application and find that it meets program eligibility criteria detailed in all applicable City Ordinance(s).

Director, Department of Economic Development

Tax Assessor