

**APPLICATION FOR ANNUAL CERTIFICATION:
OREGON INVESTMENT ADVANTAGE**

(Small city business development exemption)
ORS 285C.500–285C.506, 316.778 & 317.391

COMPLETE & SUBMIT TO— Business Tax Incentives, Oregon Economic & Community Development
775 Summer Street NE, Suite 200, Salem OR 97301-1280
503-986-0123, Fax: 503-581-5115, TTY 1-800-735-2900, www.econ.state.or.us

SUBMIT on or before the 30th day after the end of your income tax year. (Signed original may be sent directly after faxed or e-mailed submission.) Include application fee (see below).

APPLICANT BUSINESS FIRM			
Contact person		Title	
Name of business firm		Telephone number	
Mailing address (Street/PO Box)			
City	State	Zip code	E-mail address
Taxpayer ID (SSN/TIN/EIN)	Form of organization (Sole Proprietor, Partnership, 'S' or 'C' corporation)*		U.S. state of incorporation
Application fee enclosed (check payable to "state of Oregon, Economic & Community Development Department"):			<input type="checkbox"/> \$100

FACILITY & BUSINESS OPERATIONS		
• County where facility is located	City where facility is located	Date of preliminary certification application
Location of facility (Street address, lot number of site)		

EMPLOYMENT AND COMPENSATION	
Number of employees hired since preliminary certification and working in full-time, year-round positions:	
Annual compensation** (including non-mandatory benefits) of at least five hires and general health insurance coverage**—information attached	<input type="checkbox"/>

TIMING AND INCOME TAX YEARS				
This application is for tax year beginning on (date) ...		and ending on (date)	Date of preliminary certification by department	
Is this facility's first annual certification application? Yes <input type="checkbox"/> No <input type="checkbox"/>		If 'NO' List all prior years to right, If 'YES' fill-out shaded spaces below:		
Date facility or undeveloped land purchased or leased	Date construction, modifications and installation of property and/or improvements	Date initial hiring of employees at facility completed	Date business operations commenced at facility	Total cost of facility Investment (\$)
Please explain any delay or interruption in reaching above dates (waiver may be needed)—information attached <input type="checkbox"/>				

DECLARATION BY APPLICANT	
I hereby declare to have examined this document and attachments thereto. To the best of my knowledge, they are true, correct and complete in every material respect. If any such information changes, I will notify the department and submit proper written amendments. I understand that the facility will receive the exemption, only if my business firm satisfies the requirements of ORS 285C.500 to 285C.506.	
Signature X	Date
Printed name	Title of authorized company representative

* If S-corporation or partnership (including LLC/LLP) complete section on the next page.
** Not applicable if Preliminary Certification was issued on or after January 1, 2006 (but before January 1, 2011).

INDIVIDUAL PARTNERS OR SHAREHOLDERS OF BUSINESS FIRM

Business firm name from page 1

Business firm taxpayer ID number from page 1

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Individual partner or shareholder name

Social security number

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