



**OFFICE OF ECONOMIC DEVELOPMENT**  
Community Services Department  
65 Stone Street, Cocoa, FL 32922  
Phone: (321) 433-8525 | Fax: (321) 433-8526

## INCENTIVE APPLICATION

### GENERAL INFORMATION

Business/Project Name: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

### BUSINESS INFORMATION

Primary business activity: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Federal Tax I.D. Number: \_\_\_\_\_

Is the business located in one or more of the following:  Enterprise Zone  Brownfield

Business Structure:  Proprietorship  Limited Liability Corporation  
(check one)

Partnership  Corporation

Other: \_\_\_\_\_

If a corporation, please indicate the city and state of incorporation: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

If a subsidiary, name of parent company: \_\_\_\_\_

Publicly Traded: \_\_\_\_\_

Total number of existing jobs in Cocoa: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_



Average Annual Wage of existing employees (excluding benefits): \_\_\_\_\_

Are you filing as:     NEW BUSINESS                       BUSINESS EXPANSION

Total number of new jobs to be created in years 1 thru 3:    Full-time: \_\_\_\_\_    Part-time: \_\_\_\_\_  
(List all detail in Jobs Sheet form)

Average Annual Wage of new jobs to be created (excluding benefits): \_\_\_\_\_

Amount of investment in new building construction in years 1 thru 3: \_\_\_\_\_

Please explain: \_\_\_\_\_

Amount of investment in new machinery/equipment in in years 1 thru 3: \_\_\_\_\_

Please explain: \_\_\_\_\_

Anticipated date operations will commence: \_\_\_\_\_

Please indicate which incentive program you are applying for:

EDI Fund                       Ad Valorem Tax Abatement                       Small Business Assistance Program

Please provide a project overview and a detailed explanation of how economic development incentives will increase the business's capability to provide new products/services or increase the overall efficiency of your business.

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### **SUBMITTAL REQUIREMENTS**

1. Proof of ownership, or lease (to include property owners contact information)
2. Site Plan
3. Boundary Survey
4. Copy of Business Tax Receipt issued by the City of Cocoa or written statement certifying that business owner shall make application for, and obtained, a business tax receipt prior to any grant award being paid by the City.
5. Color photographs illustrating current conditions for which improvements are proposed
6. Estimates, quotes, or bids from a certified general contractor for proposed improvements
7. Complete written description of work to be performed, including illustrations or sketches.

*Please contact the Office of Economic Development for questions related to this application.*

**CITY USE ONLY**

**Economic Development Manager's Analysis:**

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**Community Services Director's Recommendation:**

Approve                       Deny

Comments:

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Amount Awarded to applicant if applicable: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(Community Services Director)

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**PROPERTY APPRAISER'S USE ONLY**

I. Total revenue available to the City of Cocoa for the current fiscal year from ad valorem tax sources:

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II. Revenue lost to the City of Cocoa for the current fiscal year by virtue of exemptions previously granted under this section:

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III. Estimate of the revenue which will be lost to the City of Cocoa during the current fiscal year if the exemption applied for were granted had the property for which the exemption is requested otherwise been subject to taxation:

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IV. Estimate of the taxable value lost to the City of Cocoa if the exemption applied for were granted:

Improvements to real property \_\_\_\_\_ Personal Property \_\_\_\_\_

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V. I have determined that the property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, as a New Business [ ], an Expansion of an Existing Business [ ], or Neither [ ].

VI. Last year for which exemption may be applied: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Property Appraiser)

*RETURN TO BE FILED NOT LATER THAN MARCH 1*