

# Sealy, Texas



## Business Information Form

The information requested on these data sheets is needed by the *City of Sealy* and the *Sealy Economic Development Corporation (SEDC)* to perform an economic impact analysis of your firm's proposed facility or expansion in Sealy, Texas and to determine incentive eligibility. Incentives are negotiated on a case-by-case basis between the company and the *City of Sealy* and the *Sealy Economic Development Corporation*. The providing of this form in no manner constitutes a contract or approval of any project. After receipt of the application, the City or SEDC may require additional information to be submitted to indicate the financial abilities or other factors of the company. This form or any other forms required for economic development incentives must be submitted early in the planning stages and prior to the issuance of building permits of the proposed project.

Please complete the information requested and return to:

Sealy Economic Development Corporation  
113 Main Street  
Sealy, Texas 77474  
Phone (979) 627-6121

If you have any questions concerning the information being requested please contact Kim Meloneck, Executive Director, at the above referenced phone number or by e-mail at [kmeloneck@ci.sealy.tx.us](mailto:kmeloneck@ci.sealy.tx.us)

Date Received: \_\_\_\_\_

Project: \_\_\_\_\_

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Applicant/Business Name: \_\_\_\_\_

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

Applicant's Representative:

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Economic Development Assistance Requested:

Tax abatement requested**:	_____ Yes	_____ No
Financial Assistance Requested (amount):	_____	
Explanation/Justification:	_____ _____	
Other Assistance Requested/Explanation:	_____ _____	

\*\* Please refer to the City of Sealy economic development incentive policy regarding application and procedures for a tax abatement.

Type of Business: \_\_\_\_\_

The firm's primary NAICS (North American Industry Classification System) code: \_\_\_\_\_

The following items should be attached in order for the application to be complete:

1. Plat/Map of proposed site property (property address/legal description)
2. Detailed information regarding the business and description of capital improvements (including equipment)
3. Business Plan
4. Current Financial Statement/Pro Forma

Is the company considering other Texas locations?       Yes       No

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Investment Schedule – Taxable Assets

Market value of the facility’s new or additional property added to local tax rolls each year that will be on the local property tax rolls on January 1:

Year	Land	Buildings and Improvements	Furniture, Fixtures and Equipment	Total
1				
2				
3				
4				
5				
6				
7				

Projected Construction Time Frame (month/year)

Start: \_\_\_\_\_

Complete: \_\_\_\_\_

Percent of construction costs for materials and labor (enter 50% for each if unknown):

Materials	Labor

Percent of construction materials that will be taxable and purchased in the community, if known. (Enter 20%, if unknown.) \_\_\_\_\_

Percent of taxable spending by construction workers that will be in the community, if known. (Enter 25%, if unknown.) \_\_\_\_\_

Percent of furniture, fixtures and equipment that will be purchased in the community, if known. (Enter 25%, if unknown. Machinery and equipment used in manufacturing or processing operations are not taxable.) \_\_\_\_\_

Percent of furniture, fixtures and equipment that will be purchased That will be subject to sales taxes. (Enter 25%, if unknown.) \_\_\_\_\_

Expected City building permits and other fees to be paid during construction, if known:

Year: \_\_\_\_\_ Amount: \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \_\_\_\_\_

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Firm's estimated taxable inventories, at the end of each year:

Year 1	_____	Year 2	_____
Year 3	_____	Year 4	_____
Year 5	_____	Year 6	_____
Year 7	_____	Year 8	_____
Year 9	_____	Year 10	_____

Will the project generate local sales tax?       Yes       No

If yes, please describe and provide an approximate amount: \_\_\_\_\_

The firm's estimated taxable purchases of materials, supplies and services in the community:  
Approximate amount for Year 1: \_\_\_\_\_

The Firm's Operations

The facility's estimated annual utility payments:

Year	Water	Wastewater	Solid Waste	Electricity	Natural Gas	Cable
1						
2						
3						
4						
5						
6						
7						

Percentage of the firm's electricity and natural gas usage for manufacturing or processing operations: \_\_\_\_\_

Number of telephone lines at the firm: \_\_\_\_\_

Employment Information: Please provide a list of what type of jobs will be created (i.e. professional, skilled, unskilled, etc.)

Number of new employees (FTE) to be hired each year:

Year 1	_____	Year 2	_____
Year 3	_____	Year 4	_____
Year 5	_____	Year 6	_____
Year 7	_____		

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If expansion, please lists the number of new employees (FTE) to be created and/or retained each year:

Year 1	_____	Year 2	_____
Year 3	_____	Year 4	_____
Year 5	_____	Year 6	_____
Year 7	_____		

Projected annual total payroll: \_\_\_\_\_

Average Wage/Hour and/ or Average Annual Salary (in the first year)

# Salaried: \_\_\_\_\_ Avg. Annual Salary: \_\_\_\_\_

# Hourly: \_\_\_\_\_ Avg. Wage/Hour: \_\_\_\_\_

Percent of expected annual salary increase after the first year: \_\_\_\_\_

The approximate number of new employees who will move to the area from somewhere else to take a job with the firm: \_\_\_\_\_

Employee benefits offered:

Health Plan:  Yes  No

Profit Sharing:  Yes  No

Life Insurance:  Yes  No

Retirement/401K:  Yes  No

Dental Insurance:  Yes  No

Disability Insurance:  Yes  No

Vacation (#/yr.) \_\_\_\_\_ Sick Days (#/yr.): \_\_\_\_\_

Paid Holidays (#/yr.): \_\_\_\_\_ Other (#/yr.): \_\_\_\_\_

Other:

Are you requesting assistance from another entity or source?  Yes  No

All projects will be taken under consideration on a case-by-case basis and must have approval from the Sealy Economic Development Corporation and the City Council. A mutually agreed upon written incentive agreement must be completed for the project.

I certify that the information submitted in this application, including any attachments is true, correct and complete as evidenced by my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date