



## Waynesboro, VA Tourism Development Zone

### Program Qualification Application

1. Tourism Zone Location:      \_\_\_ East Main              \_\_\_ Downtown              \_\_\_ Interstate

2. Business Firm Identification (FEIN): \_\_\_\_\_

3. Local Name: \_\_\_\_\_              Trading Name: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Date: \_\_\_\_\_

7. Contact Name & Title: \_\_\_\_\_

8. Phone Number: \_\_\_\_\_              E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

9. Description of qualifying business activity:

10. Do you have a valid Business License with the City of Waynesboro?

Yes \_\_\_              No \_\_\_              Date \_\_\_\_\_

If "no" please explain: \_\_\_\_\_

11. When did your business start? \_\_\_\_\_

If business is a "Start-up" describe schedule to begin operations and attach a complete business plan.

\_\_\_\_\_

12. Is your business exempt from State Income Tax?              Yes \_\_\_              No \_\_\_



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13. Do you own the building described on page one (1)? Yes \_\_\_ No \_\_\_

14. Are you SWaM certified? Yes \_\_\_ No \_\_\_ ID #: \_\_\_\_\_

15. What is the primary NAICS code for your business? \_\_\_\_\_

16. Will this project be new construction or rehab of existing space?

New \_\_\_ Rehab \_\_\_ Scheduled Completion Date \_\_\_\_\_

Have you discussed your plans with:

Architect? Yes \_\_\_ No \_\_\_

Contractor? Yes \_\_\_ No \_\_\_

Engineer? Yes \_\_\_ No \_\_\_

City Building Dept.? Yes \_\_\_ No \_\_\_

17. What is the estimated capital investment for the first three years?

	Year 1	Year 2	Year 3
Real Estate			
Building Improvements			
Manufacturing Equipment			
Business Equipment			
<b>Total</b>			

18. How many employees are you planning to employ and what is the per-hour average wage?

	Year 1	Year 2	Year 3	Hourly Wage
Full Time (40 hrs/wk)				
Part Time (20-30 hrs/wk)				
Part Time (less than 20)				



19. Will you be providing any employee benefits? Yes \_\_\_ No \_\_\_

Describe:

I, the undersigned, attest that I am an authorized representative of the business firm for which this application is made.

_____	_____
Signature	Printed/Typed Name
_____	_____
Title	Date

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<b>Office Use Only</b>	
Date Received by Office of Economic Development: _____	
EDA Meeting Review Date: _____	EDA Action: _____
Performance Agreement Signed: _____	