

**APPLICATION FOR DETERMINATION OF ELIGIBILITY  
INDUSTRIAL REVENUE BOND (IRB)**

Completion of this application and signature by the issuing authority and the bond user authorizes the sponsoring agency to carry determination of eligibility and the Employment Security Department to confirm an SIC number for the herein described project.

**SPONSORING AGENCY:**

Industrial Development Corporation of the Port of Port Townsend

(Name of Issuing Authority)

PO Box 1180, Port Townsend, WA 98368

(Address of Issuing Authority)

Sam Gibboney, Executive Director

(Name of Contact Person)

(Contact's Phone #)

\_\_\_\_\_

(Bond Counsel Name and Firm)

\_\_\_\_\_

(Address)

(Bond Counsel Phone #)

Has a request for authorization of funds been made to State Dept. of Trade and Community Development?     Yes     No

**APPLICANT FOR IRB:**

\_\_\_\_\_

(Name of Company/User of Bond Proceeds – Complete Legal Name)

\_\_\_\_\_

(Company Address)

\_\_\_\_\_

(Federal ID #)

\_\_\_\_\_

(Corporate Officers)

Type of Business:

Sole Proprietor \_\_\_\_\_  
Partnership \_\_\_\_\_  
"S" Corporation \_\_\_\_\_  
"C" Corporation \_\_\_\_\_

Year Business Started: \_\_\_\_\_

SIC or NAICS Code if known: \_\_\_\_\_

Banking Reference:

\_\_\_\_\_  
(Name of Bank) (Location) (Phone #) (Bank Officer)

Corporate Legal Counsel:

\_\_\_\_\_  
(Firm Name) (Firm Location) (Phone #) (Contact)

**PROJECT INFORMATION:**

\_\_\_\_\_  
(Location of Project) (City) (County)

**AMOUNT IRB REQUESTED:** \$ \_\_\_\_\_

**COST BREAKDOWN ESTIMATES:**

\$ \_\_\_\_\_ Land\* \$ \_\_\_\_\_ Buildings

\$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Issuing Costs (est 2% of Total)

\$ \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

\*land and other non-direct manufacturing expenses cannot exceed 25% of the IRB request

Estimated Employment Impact of Project:

\_\_\_\_\_ New permanent direct jobs created \_\_\_\_\_ New permanent direct jobs retained

\_\_\_\_\_ Transfers (current company employees) \_\_\_\_\_ Construction related jobs

\_\_\_\_\_ Secondary/spin-off jobs\*

\*Please explain secondary jobs: \_\_\_\_\_

**Please attach a detailed description of the project.**

Date: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

(Signature, Issuing Authority Official)

\_\_\_\_\_  
(Print Name)

Executive Officer  
Industrial Development Corporation of the  
Port of Port Townsend

Date: \_\_\_\_\_ Bond User: \_\_\_\_\_

(Signature, Company Official)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(E-Mail)

Please attach additional page(s), if necessary. Information should be detailed and complete.

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**An application fee of \$1,000 is required.**

**Please mail this completed form to:**

Sam Gibboney, Executive Director

Port of Port Townsend

PO Box 1180

Port Townsend, WA 98368