

**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)

Larry Crockett, 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.

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

Please mail this completed form to:

Larry Crockett, Executive Director

Port of Port Townsend

PO Box 1180

Port Townsend, WA 98368