



**ANNUAL REQUEST
FOR INCENTIVES REIMBURSEMENT**

The City of Darlington, South Carolina (the “City”), has enacted its Economic Development Incentive Program, which is codified in Chapter 22 – “BUSINESSES,” Article IV – “ECONOMIC DEVELOPMENT INCENTIVE PROGRAM” of the City’s Code of Ordinances (the “Economic Development Incentive Program”). Pursuant to the Economic Development Incentive Program, all requests for Incentives shall be made using this form. This form shall be signed and submitted, either: in person at the Darlington City Hall, 400 Pearl St., Darlington, or by mail to the City of Darlington, Attn: City Manager, P.O. Box 57, Darlington, SC 29540. No e-mail or fax requests will be accepted. Terms used herein and not otherwise defined shall have the meanings ascribed thereto in the Economic Development Incentive Program.

DATE OF REQUEST: _____

All Requests for Reimbursement must be filed by July 31, or incentives are subject to forfeiture.

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

LOCATION ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE NUMBER: _____ **EMAIL:** _____

PROJECT COMPLETION DATE: _____

INCENTIVES AGREEMENT DATE: _____

EMPLOYMENT FIGURES AS OF JUNE 30 **FT:** _____ **PT:** _____

AVERAGE ANNUAL INCOME OF EMPLOYEES AT THIS LOCATION: _____

EXECUTIVE RESIDENCY POLICY *Attach dated copy if applicable.* **Yes** **No** **N/A**

PROOF OF RESIDENCY ATTACHED *If applicable.* **Yes** **No** **N/A**

**ATTACH A COPY OF YOUR CURRENT BUSINESS LICENSE
AND CERTIFICATE OF OCCUPANCY.**

**CHECK INCENTIVE PACKAGES CITED IN YOUR INCENTIVE AGREEMENT
AND SUBMIT REQUIRED FIGURES OR ATTACH INFORMATION.**

Business License Incentive (*Circle one*) Year 1 2 3 4 5

Building Permit Incentive (*Please include copies of permits*)

 o Total paid during initial construction period: _____

Hospitality Incentive

Total Taxes Paid for Year: _____

 July _____ August _____ September _____

 October _____ November _____ December _____

 January _____ February _____ March _____

 April _____ May _____ June _____

Accommodations Incentive

Total Taxes Paid for Year: _____

 July _____ August _____ September _____

 October _____ November _____ December _____

 January _____ February _____ March _____

 April _____ May _____ June _____

TOTAL INCENTIVES PAYMENT REQUESTED: _____

FEDERAL ID NUMBER: _____

Description of Business Activities:

I, the undersigned, submit the above information to the City and certify that, to the best of my knowledge, the information supplied hereinabove is factually correct and contains no material misstatements or other misrepresentations.

SIGNATURE: _____ **DATE:** _____

FOR CITY USE ONLY

DEPARTMENT SUBJECT TO REQUEST: _____ **RECEIVED BY:** _____

REQUEST ASSIGNED TO: _____ **DATE OF COMPLETION:** _____

DATE OF ASSIGNMENT: _____ **DATE RESPONSE DUE:** _____

Notes: