



Application #: _____
 Date Submitted: _____
 Public Hearing: _____
 Date Approved: _____

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

Application for Tax Increment Financing

Pre-application meeting with City staff is strongly encouraged prior to preparing this application.

1. Applicant / Contact Information

Applicant(s)

Name: _____
 Company: _____
 Address: _____
 City, State: _____
 Phone: _____ Fax: _____
 E-mail: _____

Owner(s), if different from applicant

Name: _____
 Company: _____
 Address: _____
 City, State: _____
 Phone: _____ Fax: _____
 E-mail: _____

Engineer/Surveyor(s) preparing plans & legal desc.

Name: _____
 Company: _____
 Address: _____
 City, State: _____
 Phone: _____ Fax: _____
 E-mail: _____

Contact Person, if different from applicant

Name: _____
 Company: _____
 Address: _____
 City, State: _____
 Phone: _____ Fax: _____
 E-mail: _____

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We acknowledge that development in the City of Parkville is subject to the Municipal Code of the City of Parkville. We do hereby agree to abide by and comply with the above-mentioned codes, and further understand that any violations from the provisions of such or from the conditions as stated herein shall constitute cause for fines, punishments and revocation of approvals as applicable.

Applicant's Signature (Required) _____ Date: _____

Property Owner's Signature (Required) _____ Date: _____

2. Property Information (see also Checklist of required submittals)

Zoning district: _____ Comprehensive Plan Land Use designation: _____
 Property address and general location: _____
 Legal description (may be attached): _____

Description of proposed use(s): _____

Parcel ID Number(s): _____

Present condition/use of the property: _____

TIF type: Blight Conservation Economic Development

Is proposal to establish new TIF or amend existing TIF?

Length of TIF sought: _____

New Amendment to existing

3. Factors affecting the project

Please describe the public improvements required for this project _____

Explain (may be attached):

Attach a narrative addressing:

- 1. *Relevant information on the applicant's background and development experience.*
- 2. *Relevant information on the applicant's legal counsel / financial advisory and their related experience.*
- 3. *Describe the amount of TIF assistance sought, scope and phasing of project; and please explain the following:*
 - a. *Justification and need for TIF assistance*
 - b. *Condition(s) which would qualify the proposed district as "blight", "conservation area" or "economic development area" per RSMo*
- 4. *What economic and quality of life benefits are proposed from the project?*
- 5. *Who will own and/or manage the developed property?*
- 6. *Any other information relevant to the application.*
- c. *Source(s), status of debt financing, and/or equity funding available to complete the project*
- d. *Costs, revenue worksheet, anticipated economic activity generated and proposed payback timeframe*

4. Checklist of required submittals

- Completed application, including all required details and supporting data.
- Nonrefundable application fee of \$300.00. Separately, the applicant will be required to enter into a funding agreement with the City to cover costs for required publication and mailed notices per RSMo and expenses incurred in the review of this application, including, but not limited to, fees of the City's professional, financial and legal consultants.
- Twelve (12) paper copies and one (1) electronic set (PDF format) of the application and any relevant site plans showing property boundaries, existing and proposed topography, structures or other site features relevant to the proposed TIF for staff and the TIF Commission to review.
- Authorization signature of the applicant and owner of record of the property.
- If subject to covenants and/or deed restrictions, signed approval of the association/entity enforcing such.

For City Use Only

Application accepted as complete by: _____
Name/Title _____ Date _____

Application fee payment: Check # _____ M.O. _____ Cash Amount: \$ _____

Final reimbursable costs paid (if applicable). Date of Action: _____

TIF Commission Approved Approved with Conditions Denied Date of Action: _____

Conditions if any: _____

Board of Aldermen Approved Approved with Conditions Denied Date of Action: _____

Conditions if any: _____
