

PHASE I APPLICATION

Port Arthur Economic Development Corporation

Date: _____

AMOUNT REQUESTED: _____

NAICS CODE: _____

NAME OF ENTITY: _____

CONTACT PARTY: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ FAX: (____) _____

BUSINESS STRUCTURE: ___ CORP. ___ LLC ___ PARTNERSHIP ___ SOLE PROPRIETORSHIP ___ HUB/MWBE ___ NON-PROFIT ___

BUSINESS TYPE: ___ INDUSTRIAL/MANUFACTURING ___ RECYCLING ___ DISTRIBUTION ___ SMALL-WARHOUSE ___ COMMERCIAL

DATE BUSINESS ESTABLISHED _____

DATE BUSINESS INCORPORATED _____

PRESENT # OF EMPLOYEES OR TOTAL PAYROLL _____			# OF EMPLOYEES AFTER GRANT OR TOTAL PAYROLL _____		
JOB CLASSIFICATION	WAGE SCALE	# OF EMPLOYEES	JOB CLASSIFICATION	WAGE SCALE	# OF EMPLOYEES

OWNERSHIP OF APPLICANT COMPANY:

Owners with Five (5%) Percent or Greater Ownership of the Company

NAME	TITLE	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SOURCES OF FUNDS AND/OR EQUITY: List all request and/or approvals of funds from other sources (e.g. banks, credit unions, govt. entities, etc) together with dates of application, status and funding source contract party names:

PROJECT COST:

	AMOUNT	SOURCE OF FUNDS
Land	\$ _____	_____
Bldg. /Renovation	\$ _____	_____
Equipment	\$ _____	_____
Furniture/fixtures	\$ _____	_____
Total	\$ _____	_____