



b. If an Expansion of an Existing Business:

- (1) Net increase in employment \_\_\_\_\_ or \_\_\_\_\_ %
- (2) Increase in productive output resulting from this expansion \_\_\_\_\_ %

11. Sales Factor for the facility requesting exemption:

Total sales in Florida from this facility - one (1) location only \_\_\_\_\_ divided by total sales everywhere from this facility - one (1) location only \_\_\_\_\_ = \_\_\_\_\_. [In accordance with Florida Statutes 220.15 (5)]

12. For office space owned and used by a corporation newly domiciled in Florida:

- a. Date of incorporation in Florida \_\_\_\_\_
- b. Number of full-time employees at this location \_\_\_\_\_

13. If requesting an exemption due to location in a slum or blighted area, please furnish such additional information as required by the City Council, or Property Appraiser.

I hereby request the adoption of an ordinance granting an exemption from ad valorem taxation on the above property pursuant to Section 196.1995, Florida Statutes. I agree to furnish such other reasonable information as the City Council, the governing authority of the municipality, or the Property Appraiser may request in regard to the exemption requested herein. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his declaration is based on all information of which he has any knowledge.)

DATE: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Preparer)

SIGNED: \_\_\_\_\_  
(Taxpayer)

\_\_\_\_\_  
(Preparer's Address)

TITLE: \_\_\_\_\_

\_\_\_\_\_  
(Preparer's Telephone Number)

**PROPERTY APPRAISER'S USE ONLY**

- I. Total revenue available to the County or municipality for the current fiscal year from ad valorem tax sources: \_\_\_\_\_
- II. Revenue lost to the County or municipality for the current fiscal year by virtue of exemptions previously granted under this section: \_\_\_\_\_
- III. Estimate of the revenue which will be lost to the City during the current fiscal year if the exemption applied for were granted had the property for which the exemption is requested otherwise been subject to taxation: \_\_\_\_\_
- IV. Estimate of the taxable value lost to the City if the exemption applied for were granted:  
Improvements to real property \_\_\_\_\_ Personal Property \_\_\_\_\_
- V. I have determined that the property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, as a New Business [     ], an Expansion of an Existing Business [     ], or Neither [     ]
- VI. Last year for which exemption may be applied: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Property Appraiser)

**SUPPLEMENTAL APPLICATION**

CITY OF MELBOURNE ECONOMIC DEVELOPMENT  
AD VALOREM TAX EXEMPTION PROGRAM

APPLICANT NAME: \_\_\_\_\_

**NOTICE: This supplement is to be used by the Applicant to provide additional information required by Economic Development Ad Valorem Tax Exemption Ordinance, Chapter 30, Article V, City of Melbourne Code; and to provide other information requested by the City Council and the entities that will review the application. Please provide a one-page narrative describing the company and the relocation/expansion plans.**

1. Length of exemption requested is total of \_\_\_\_\_ Years (length of exemption approved is sole discretion of City Council and commences on the adoption date of the ordinance granting the exemption).
2. Property Owner: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_
3. Authorized Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_
4. Type of industry or Business: \_\_\_\_\_
5. Brief description of product and relocation/expansion plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Anticipated number of new employees: (New Business) \_\_\_\_\_
7. Percentage of employees that are already employed by the business and will relocate: \_\_\_\_\_
8. Percent increase in overall employment: (Expansion of Existing Business) \_\_\_\_\_
9. Expected number of new employees who will reside in Brevard County: \_\_\_\_\_
10. Percentage of existing employees who have resided in the County for more than two years: \_\_\_\_\_
11. Anticipated average wage and median wage of new employees for new business or expansion: \_\_\_\_\_
12. Anticipated average annual payroll for new employees: \_\_\_\_\_
13. Anticipated new capital investment as a result of expansion or relocation of Business:  
New construction value: \_\_\_\_\_  
New personal property value: \_\_\_\_\_
14. Environmental impact of Business. (Identify the number and type of environmental permits required as a result of this project: e.g. air, soil and water pollution, water and sewer, dredge and fill, stormwater, industrial wastewater):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Anticipated volume of Business of production: \_\_\_\_\_
16. The relocation or expansion would occur at the proposed location without the exemption: Yes [ ] No [ ]
17. Source of supplies (local or otherwise):  
% source of supplies County: \_\_\_\_\_  
% source of supplies Florida: \_\_\_\_\_  
% source of supplies out-of-State: \_\_\_\_\_

18. Business is/will be located in a community redevelopment area: Yes [ ] No [ ]

Name of area: \_\_\_\_\_

**SIGNATURES:**

I hereby confirm the information provided \_\_\_\_\_ to the Economic Development Commission of Florida's Space  
by \_\_\_\_\_  
Coast and the City Council of the City of Melbourne for the purpose of calculating the economic impact and benefit of the proposed tax abatement is  
true, accurate and complete. I further confirm that \_\_\_\_\_ is not in violation of any federal, State or local  
law, or regulation governing environmental matters:

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

(Preparer)

SIGNED: \_\_\_\_\_

(Preparer's Address)

TITLE: \_\_\_\_\_

(Preparer's Telephone Number)

---

---

**ANNUAL REPORT**  
ECONOMIC DEVELOPMENT AD VALOREM  
**TAX EXEMPTION PROGRAM**

As required by the Economic Development Ad Valorem Tax Exemption Ordinance, Chapter 30, City of Melbourne Code, this form is to be filed with the City of Melbourne City Council no later than January 15 of each year the exemption is desired.

1. Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
2. Name of person in charge of Business: \_\_\_\_\_  
Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_
3. Location of Business (legal description and street address) of property for which this report is filed:  
\_\_\_\_\_  
\_\_\_\_\_
4. Date Business opened at this facility: \_\_\_\_\_
5. a. Description of the Improvements to real property for which this exemption is requested:  
\_\_\_\_\_  
\_\_\_\_\_
- b. Date of commencement of construction of Improvements: \_\_\_\_\_
6. a. Description of the tangible personal property for which this exemption is requested and date when property was purchased:  
**Provide this information on the attached form entitled: "Tangible Personal Property," Audit Report.**
- b. Average value of inventory on hand: \_\_\_\_\_
7. Have you maintained the definition of a "New Business" or as an "Expansion of an Existing Business" as defined as a minimum of 10 new employees? Yes [ ] No [ ]
8. Have you maintained the projected number of new employees stated in your original application? Yes [ ] No [ ]  
Please state the number of employees currently employed and provide documentation. \_\_\_\_\_
9. Describe the type or nature of your Business: \_\_\_\_\_
10. Trade level (check as many as apply): Wholesale [ ] Manufacturing [ ] Professional [ ] Service [ ] Office [ ] Other [ ]
11. a. Number of full time employees employed in Florida: \_\_\_\_\_
- b. If an Expansion of an Existing Business:  
(1) Net increase in employment \_\_\_\_\_ or \_\_\_\_\_ %  
(2) Increase in productive output resulting from this expansion \_\_\_\_\_ %
12. Average wage of current employees: \_\_\_\_\_
13. Average wage of employees hired after exemption approval (Expansion): \_\_\_\_\_
14. For office space owned and used by a corporation newly domiciled in Florida:  
a. Date of incorporation in Florida \_\_\_\_\_  
b. Number of full-time employees at this location \_\_\_\_\_

I agree to furnish such other reasonable information as the Melbourne City Council may request in regard to the exemption. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his declaration is based on all information for which he has any knowledge.)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Preparer)  
SIGNED: \_\_\_\_\_  
(Preparer's Address)  
TITLE: \_\_\_\_\_  
(Preparer's Telephone Number)

**PROPERTY APPRAISER'S USE ONLY**

- I. Estimate of the revenue which will be lost to the City during the current fiscal year had the exempt property otherwise been subject to taxation:  
\_\_\_\_\_
  - II. Estimate of the taxable value lost to the City:  
Improvements to real property: \_\_\_\_\_ Personal Property: \_\_\_\_\_
- DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Property Appraiser)