



**Application For Preliminary Certification
Oregon Investment Advantage
(Business Development Income Tax Exemption)
ORS 285C.500–285C.506, 316.778 & 317.391**

DUE before beginning any construction, improvements or installation of property at facility, **and** before hiring new employees.
After email submission of this form, the signed original and application fee should be mailed to
OIA Preliminary Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301.

Proposed Facility/Improvements and Business Operations

Date of facility acquisition	When would construction, improvements or installations begin?	When would hiring begin?
Facility Location:		When would operations begin?
Land use zoning	Inside city's... Corporate limits Yes No Urban Growth Boundary Yes No	years How long will it operate? years Term of lease
Address (street address, lot number of site)	not applicable	
Describe intended operations and the property to be acquired, constructed or installed that will comprise the facility		information attached

Uniqueness of Operations to Oregon

During last 12 months, has this company, or a commonly controlled company, conducted operations anywhere in Oregon that are in any way comparable to what will be undertaken at the proposed facility?	Yes	No
If Yes, (or if acquired, existing facility) describe each in-state activity (or any existing facility activity) and how it does/does not compare with the proposed new operations at the facility.		information attached

Operations' Potential Relation to Local Competition

Is your proposed facility in any way likely to compete with existing businesses inside the city, county or port area in terms of inputs, resources, labor or customers/local market?	Yes	No
Explain answer, describing customer types and basic impacts on local labor or resource markets or supply.		information attached

Employment, Wages, and Compensation*

Proposed number of new hires working full-time, year-round positions

Average wage to be received among at least five new hires

Minimum annual compensation (including non-mandatory benefits) for each of at least five new hires

Health insurance coverage for employees at the facility information attached

*Minimum of five new employees, whose wages on average are equal to greater than the current average wage of the county, and who receive compensation that is at least: 150%, 130% if located outside a federally-designated metropolitan statistical area, or 100% with general health care/medical insurance benefits for facility employees equivalent to the coverage available to local municipal employees, of the most recently available figure for county per capita income as established on the date of this application.

Application for Preliminary Certification: Oregon Investment Advantage

Applicant Business

Contact Person _____ Title _____

Business Name _____ Phone Number _____

Mailing Address _____ Email _____

Income Tax Fiscal Year starts _____ \$500 application fee enclosed
(check payable to Oregon Business Development Department)

Declaration by Applicant

I hereby declare to have examined this document and attachments. To the best of my knowledge, they are true, correct and complete in every material respect. If any such information changes, I will notify the department and submit proper written amendments. I understand that the facility will receive the exemption only if my business satisfies the requirements of ORS 285C.500 to 285C.506.

Signature (use black or blue ink) _____ Date _____

Printed Name _____ Title of authorized company representative _____

For use by Department									
Application complete	Yes	No	Qualified location?	Yes	No	Planned facility, hiring, compensation sufficient?	Yes	No	Date business notified
Sent to county governing body?	Yes	No	Date†	Addressed to					
Sent to city governing body?	Yes	No	Date†	Addressed to					
Sent to port governing body?	Yes	No	Date†	Addressed to					
_____ Business Development Staff signature for above			Date	Arthur L Fish Printed Name					
Final Staff Determination	Approved	Denied (initial)	_____	Oregon Department of Revenue copied					
If denied:			Enclosures:						
Notice sent	Date	Explanation of reasons			Applicable city/county materials		How to appeal		

To County or City Government or Port District

The county, city or port in which the facility would locate may object to the exemption from state income/excise taxes pursuant to this application. The department must receive the objection within 60 days of the date marked† above, including a copy of both: (1) this application with a signature and reason for objection as indicated below, and (2) a resolution to the same effect as duly adopted by the city's or county's governing body. A response is necessary, only if objecting to the exemption on this facility, or if having other information material to the department's determination for approving or denying preliminary certification under ORS 285C.500 to 285C.506.

Official local objection resolution attached Compete with existing businesses Incompatible with development standards
Explanation

Potential noncompliance for certification Facility began prior to application date Other (e.g., health insurance, location)
Explanation

Authorized representative signature (in ink) City County Representation Port Date

Printed name _____ Title _____

**Mail signed original and application fee to:
OIA Preliminary Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301-1280**