

# Castle Rock Performance Fund Application

Application Date: \_\_\_\_\_

## 1.1 GENERAL INFORMATION

Company (Applicant) Legal Name : \_\_\_\_\_

DBA: \_\_\_\_\_

Legal Entity (LLC, Sole Corporation, etc.): \_\_\_\_\_ State of Registration: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title with Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Website: \_\_\_\_\_

### Applicant is:

- Existing Castle Rock Business
- New Business to Castle Rock
- Relocating from Another City In Colorado
- Relocating from Another City Outside Colorado

## 1.2 INCENTIVE REQUEST

- Job Creation
- Fee Rebates (building, development, etc.)
- Tax Rebates (sales, property)
- Other (please describe in attachment to this application)

Please provide a brief description/reason for the incentive request.

**1.3 PROJECT DESCRIPTION**

Please provide an overview of the business: the product/service and client/customer. Also provide a description of the property including square footage of building and site (acreage). If new business to Castle Rock, specify whether you plan to lease or purchase the property, as well as the proposed lead or purchase cost. Please include the projected opening date. Please attach information to this application.

**1.4 EMPLOYMENT IMPACT**

**Current Number of Employees**                      **Full-time:** \_\_\_\_\_ **Part-time:** \_\_\_\_\_ **Contract:** \_\_\_\_\_

**Average Salary/Wage of Current Employees:** \_\_\_\_\_

Please describe any expansion or reduction in force expected in the next two years.

Please provide expected salary/wage of expected additional employees.

**1.5 ADDITIONAL INFORMATION**

Additional information may be requested by the Town of Castle Rock and/or the Castle Rock EDC. Questions regarding this application should be directed to the Castle Rock Economic Development Council, 303.688.7488.

**1.6 APPLICANT SIGNATURE**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**1.7 RETURN COMPLETED APPLICATION**

Return completed application to:

Castle Rock Economic Development Council  
ATT: Frank Gray  
18 S. Wilcox St. Suite 200  
Castle Rock, CO 80104