

APPLICATION FOR DETERMINATION OF ELIGIBILITY INDUSTRIAL REVENUE BOND (IRB)

Completion of this application and signature by the issuing authority and the bond user authorizes the sponsoring agency to carry determination of eligibility and the Employment Security Department to confirm an SIC number for the herein described project.

SPONSORING AGENCY:

Industrial Development Corporation of the Port of Bellingham

(Name of Issuing Authority)

1801 Roeder Ave., Bellingham, WA 98225

(Address of Issuing Authority)

Dodd Snodgrass, Economic Development Specialist

(Name of Contact Person)

(360) 676-2500

(Contact's Phone #)

Preston Gates & Ellis (Cynthia M. Weed)

(Bond Counsel Name and Firm)

925 Fourth Ave, Suite 2900, Seattle, WA 98104-1158

(Address)

(206) 370-7801

(Bond Counsel Phone#)

Has a request for authorization of funds been made to State Dept. of Trade and Community Development?

Yes

No

APPLICANT FOR IRB:

(Name of Company/User of Bond Proceeds – Complete Legal Name)

(Company Address)

(Federal ID#)

(Corporate Officers)

Type of Business:

Sole Proprietor _____

Partnership _____

“S” Corporation _____

“C” Corporation _____

Year Business Started: _____

SIC or NAICS Code if known: _____

Banking Reference:

(Name of Bank)

(Location)

(Phone #)

(Bank Officer)

Corporate Legal Counsel:

(Firm Name)

(Firm Location)

(Phone #)

(Contact)

PROJECT INFORMATION:

(Location of Project)

(City)

(County)

Amount IRB Requested: \$ _____

Cost Breakdown Estimates:

\$ _____ Land* \$ _____ Buildings

\$ _____ Equipment \$ _____ Issuing Costs (est 2% of Total)

\$ _____ Other (Please describe) _____

*land and other non-direct manufacturing expenses cannot exceed 25% of the IRB request

Estimated Employment Impact of Project:

New permanent direct jobs created New permanent direct jobs retained

Transfers (current company employees) Construction related jobs

Secondary/spin-off jobs*

*Please explain secondary jobs: _____

Please attach a detailed description of the project.

Date: _____ Issuing Authority: _____
(Signature, Issuing Authority Official)

(Print Name)
Executive Officer
Industrial Development Corporation of the Port of Bellingham

Date: _____ Bond User: _____
(Signature, Company Official)

(Print or type name)

(Title)

(Address)

(E-Mail)

Please attach additional page(s), if necessary. Information should be detailed and complete.

An application fee of \$1,000 will be due when the project funds are issued

Please mail this completed form to:

Dodd Snodgrass, Economic Development Specialist
Port of Bellingham
PO Box 1677
Bellingham, WA 98227-1677