

APPLICATION FOR TAX ABATEMENT REAL PROPERTY

This completed application, including a map identifying the general location, should be signed by the owner (or representative) of the new real property improvements and submitted to:

Yorktown Town Board
C/O Terry Murphy, Vice President
Muncie-Delaware County Economic Development Alliance
Phone: (765) 751-9104

Please type or print.

Date: 5/1/2014 Name of Company: G & G Muncie LLC/Gill Bros., Inc.

1. Address of Property: Park One, Tract B, Yorktown, IN

2. Current Zoning: Commercial 3. Legal Description: Park One, Tract B,
Yorktown, IN

4. Property Owner(s):

5. Owner's Representative:

Name G & G Muncie LLC

Name Steve Gill

Address 8300 Vern Drive

Address 8300 Vern Drive

Muncie, IN 47304

Muncie, IN 47304

6. Is Property / Facility Served by Utilities? Yes X No

7. Are Present Utilities Adequate for New Physical Improvements? Yes X No

8. If Not, Please Explain:

9. Briefly Describe the New Physical Improvements, How the Property will be Used, and the Projected Cost: The physical improvement will be a new 27,000 square foot warehouse/distribution center to be leased to Gill Bros., Inc. Projected cost of the building is \$1,750,000.

10. Tax Assessment and Payment:

Amount of last real property assessment: approx. \$1,760 per acre*

Amount of last real property taxes: approx. \$35.20 per acre*

*Property to be acquired will be a portion of two existing parcels of vacant land in Park One and will total approx. 3 acres.

(Please attach a copy of your latest paid tax receipts to this form)

APPLICATION FOR TAX ABATEMENT ON REAL PROPERTY PAGE 2

11. Total number of employees currently working for the company: 40
12. Number of Minorities: 0 Number of Females: 21 Number of Handicapped: 0
13. What percentage of employees are Town of Yorktown residents? 7.5%
14. Number of new employees to be added as a result of the abatement: 30*

*30 new employees as a result of two phase expansion. First phase is the construction of a new warehouse/distribution center and 6 new employees. Second phase is the construction of a new store and 24+ new employees in 1 - 3 years.

15. Number of jobs retained as a result of the project: 40 Actual (+-) jobs 30
16. Please answer the following additional questions regarding the total compensation package:

Fringe Benefits: (Shareholder wages and benefits are not included.)

Health Insurance (Y or N) Y; % paid by employer: 97% % paid by employee: 3%

Pension (Y or N) Y*; % paid by employer: % % paid by employee: %.

*Company matches 100% of contributions by the employee up to 3% of total wages.

Wage Package:

Starting Wage: \$ 8.50/hr; High Wage: \$ 33.68/hr; Average Wage: \$ 18.30/hr

Applicant agrees that in consideration of the mutual performance of the process associated with the grant of the tax abatement by the Applicant and the Town of Yorktown, Indiana, and the grant of the abatement sought, the applicant agrees and warrants that the Applicant is aware of, and will comply with any and all procedures and criteria as set forth under State Law or by Ordinance of the Town of Yorktown. It is expressly understood and agreed that such procedures and criteria include, but are not limited to, compliance requirements, wage requirements, and addition and retention of employees.

I swear or affirm under penalties for perjury that the above information and representations on this application and Form SB-1 are true and complete.

Sh. Lill
Name

President
Title

5-5-2014
Date

Notary Public

Subscribed and sworn to before me this 5th day of May, 20 14.

Shirrell Bryant
Notary Public

Resident of Madison County, Indiana.

My Commission Expires: 04-20-17

NOTICE: Your signature above indicates that you are aware that you must annually file both Form CF-1 (Compliance with Statement of Benefits), and Form 322 ERA (Application for Deduction from Assessed Valuation of Structures in Economic Revitalization Areas) by the dates indicated on the respective forms in order to actually receive your deduction.



STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51767 (R5 / 12-13)
Prescribed by the Department of Local Government Finance

2014 PAY 2015

FORM SB-1 / Real Property

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- ☒ Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)
☐ Eligible vacant building (IC 6-1.1-12.1-4.8)

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body **BEFORE** the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
- A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

SECTION 1 TAXPAYER INFORMATION					
Name of taxpayer G & G MUNCIE LLC					
Address of taxpayer (number and street, city, state, and ZIP code) 8300 WEST VERN DRIVE MUNCIE IN 47304					
Name of contact person STEVE GILL		Telephone number 765-759-5300		E-mail address SGILL@GILLBROS.COM	
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT					
Name of designating body YORKTOWN TOWN BOARD				Resolution number	
Location of property PARK ONE, TRACT B YORKTOWN IN 47396		County DELAWARE		DLFG taxing district number 014 MT PLEASANT	
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) CONSTRUCTION OF NEW 27,000 SQUARE FOOT WAREHOUSE/DISTRIBUTION CENTER TO BE LEASED TO GILL BROS., INC.				Estimated start date (month, day, year) 06/15/2014	
				Estimated completion date (month, day, year) 11/30/2014	
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT					
Current number 40	Salaries 1,557,000	Number retained 40	Salaries 1,557,000	Number additional 30	Salaries 1,120,000
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT					
		REAL ESTATE IMPROVEMENTS			
		COST		ASSESSED VALUE	
Current values		150,000			
Plus estimated values of proposed project		1,750,000			
Less values of any property being replaced					
Net estimate values upon completion of project		1,900,000			
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER					
Estimated solid waste converted (pounds) _____ Estimated hazardous waste converted (pounds) _____					
Other benefits: CONSTRUCTION OF THE WAREHOUSE/DISTRIBUTION CENTER IS PHASE ONE OF A TWO PHASE EXPANSION. PHASE ONE WILL ADD SIX NEW JOBS. PHASE TWO WILL BE THE CONSTRUCTION OF A NEW STORE IN 1 - 3 YEARS. PHASE TWO WILL ADD 24 NEW JOBS.					
SECTION 6 TAXPAYER CERTIFICATION					
I hereby certify that the representations in this statement are true.					
Signature of authorized representative <i>Steve Gill</i>				Date signed (month, day, year) 5-5-2014	
Printed name of authorized representative Steve Gill			Title President		

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution or to be adopted by this body. Said resolution, passed or to be passed adopted under IC 6-1.1-12.1, provides for the following limitations:

A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below) The date this designation expires is _____.

B. The type of deduction that is allowed in the designated area is limited to:

1. Redevelopment or rehabilitation of real estate improvements; ☐ Yes ☐ No
2. Residentially distressed areas ☐ Yes ☐ No

C. The amount of deduction applicable is limited to \$ _____.

D. Other limitations or conditions (specify) _____

E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (* see below)
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?

☐ Yes ☐ No

If yes, attach a copy of the abatement schedule to this form.

If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body)	Telephone number 7657594003	Date signed (month, day, year)
Printed name of authorized member of designating body Robert Batchford	Name of designating body Town of Yorktown	
Attested by (signature and title of attester)	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4-1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.)

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

EQUAL EMPLOYMENT OPPORTUNITY

STATEMENT

The undersigned company agrees to comply with Executive Orders 11246 and 11478, and the rules, regulations and relevant orders of the Secretary of Labor. No segregated facilities will be maintained on said company's premises as required by Title VI of Civil Rights Act of 1964. Furthermore, the undersigned company attests to and agrees to the following policies regarding equal employment opportunity and affirmative action:

There will be no discrimination against any employee or applicant for employment because of race, religion, color, age sex, handicap, or national origin.

Affirmative action will be taken to ensure that applicants are employed and that employees are treated during employment with out regard to their race, religion, color, age sex, handicap, or national origin.

All qualified applicants will receive consideration for employment without regard to race, religion, color, age sex, handicap, or national origin.

There will be no discrimination against any employee or applicant for employment because he or she is a disabled veteran or a veteran of the Vietnam Era in regard to any position for which the employee or applicant for employment is qualified.

Affirmative action will be taken to treat qualified disabled veterans and veterans of the Vietnam Era without discrimination based upon their disability or veteran status.

The company further agrees to post in conspicuous places, available to both employees and applicants for employment, notices to be provided setting forth the provisions of these non-discriminating clauses and policies.

The previous policies will be adhered to in such employment practices as hiring, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

Stan Gill President
Name/Title

GILL Brothers Inc, Gtb Muncie LLC
Company Name

5-5-2014
Date

Property Tax Payments

Delaware County Real Estate Tax Inquiry for Year of "2013 Pay 2014" (Not for Official Use)

Spring Tax Due Date: 5/12/2014

Fall Tax Due Date: 11/10/2014

General Information

Tax Year: 2013 Pay 2014
Parcel No: 181006100016000014
Tax Unit: 014 MT PLEASANT
Owner Name: TECH PARK PARTNERS LLC
Property Address: VACANT LAND 12.20AC YORKTOWN IN 47396
Mailing Address: 941 N MERIDIAN ST INDIANAPOLIS Indiana 46204-1012

Legal Description

Legal Description: PT NW QTR 06-20-09
Inlot: 0, 0, 0, 0, 0, 0, 0, 0, 0
Legal Str: 062009
Legal Plat:
Legal Section:
Outlot: 0, 0
Transfer Date:
Book:
Legal Sub:
Legal Block:
Legal Lot No:
Acreage: 12.200
State Usage Code: Vacant Lot
Page:

Assessed Value

Total Assessed Value: 21500

Exemptions

Homestead: 0 Over 65: 0 Mortgage: 0
Blind/Disability: 0 Rehabilitation: 0 Fertilizer: 0
Veteran: 0 Abatement: 0 Non-Profit: 0

Spring Tax Charge

Half Year Gross Tax: \$225.50
Homestead Credit: \$0.00
Replacement Credit: \$0.00
Circuit Breaker Cap
Installment: \$10.50
Net This Installment: \$215.00

Spring Tax & Assessments Due

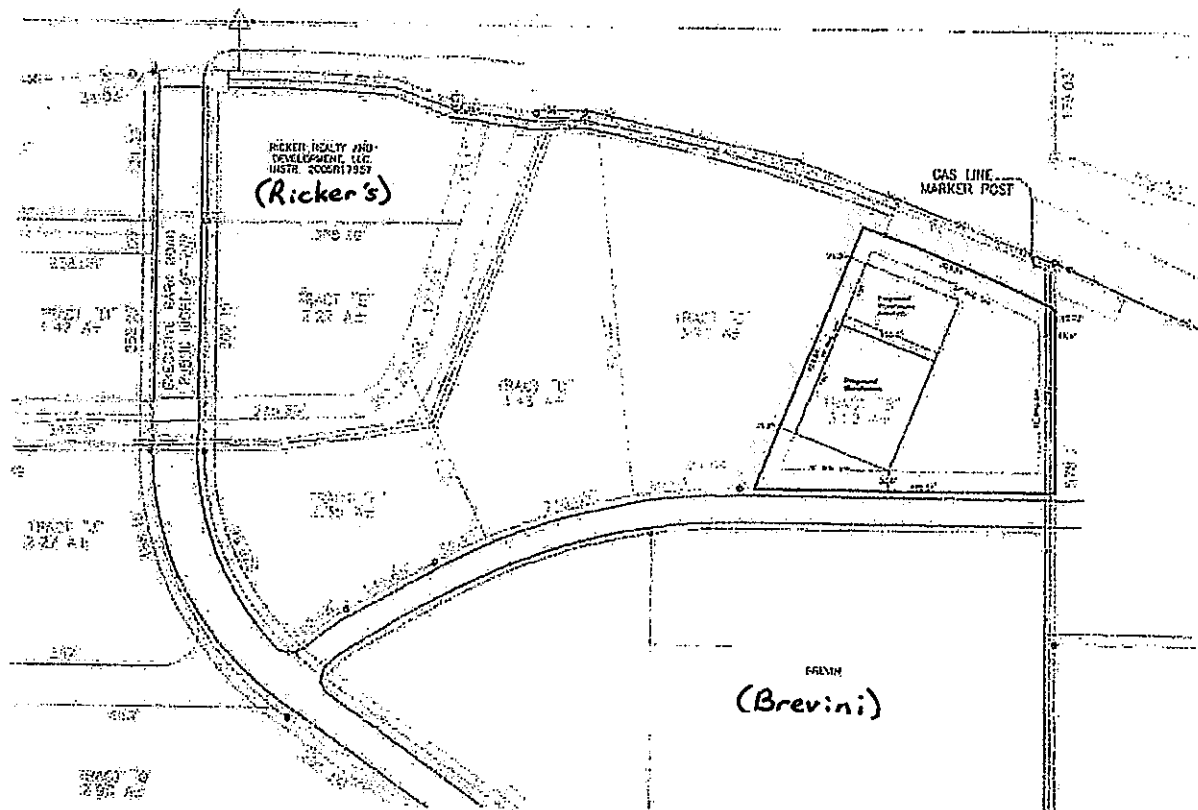
Spring Taxes: \$215.00
Ditches: \$12.20
Storm Water: \$0.00
Delinquents: \$0.00
(For Taxes, Sewages, Weed Cuts, Barretts, Line Fences, etc.)
Spring Amount Due: \$227.20

Fall Tax Charge

Half Year Gross Tax: \$225.50
Homestead Credit: \$0.00
Replacement Credit: \$0.00
Circuit Breaker Cap
Installment: \$10.50
Net This Installment: \$215.00

Fall Tax & Assessments Due

Fall Taxes: \$215.00
Ditches: \$0.00
Storm Water: \$0.00
Delinquents: \$0.00
(For Taxes, Sewages, Weed Cuts, Barretts, Line Fences, etc.)
Fall Amount Due: \$215.00



VENDOR/FACTOR ID:YORKTN

VOUCHER NO.	YOUR INVOICE NO.	INVOICE AMOUNT	AMOUNT PAID	NET CHECK AMT
32057	TAX ABATEMENT APP	1,000.00	1,000.00	1,000.00
INVOICE DATE: 05/07/2014		DISCOUNT TAKEN:		.00
MARKS: WILL BE REIMBURSED BY GILL & GILL MUNCIE LLC				
ID:TOWN OF YORKTOWN		TOTAL:	1,000.00	
CHECK TOTAL				1,000.00

**Gill Bros., Inc.**

8300 W. Vern Drive
Muncie, IN 47304
Phone (765) 759-5300
Fax (765) 759-9688

**First Merchants Bank**

www.firstmerchants.com

71-65-749



VENDOR ID
YORKTN

*****1,000 AND 00/100 DOLLAR

DATE

05/06/2014

AMOUNT

\$1,000.00

PAY
TO
OF

TOWN OF YORKTOWN
9800 W SMITH ST
YORKTOWN, IN 47396

AUTHORIZED SIGNATURE

⑈024872⑈+⑈074900657⑈9000461536⑈