

APPLICATION FOR PROPERTY TAX PHASE-IN

This application is to be completed and signed by the owner of the property where property redevelopment or rehabilitation and/or the installation of new equipment is to occur. The designating body reviews this application for designation as an Economic Revitalization Area in accordance with its responsibility under Public Law 69, enacted by the Indiana General Assembly in 1977, and all subsequent amendments made thereafter. The designating body makes no representation as to the effect of a designation granted by it for purposes of any further applications or approvals required under I.C. 6-1.1-12.1, and makes no representation to an applicant concerning the validity of any benefit conferred, also under I.C. 6-1.1-12.1. This document is a public record and may be inspected and copied under I.C. 5-14-3-3.

APPLICATION IS FOR: (check either or both)

- Real Estate Improvements (New Building, Addition, and/or Modification)
- New Equipment (Manufacturing, Research and Development, Logistical Distribution, and/or Information Technology)

There is a non-refundable filing fee of \$500 for either of the categories above or \$750 for both. A fee may also be assessed if the applicant requests a waiver of non-compliance for failure to apply prior to obtaining building permits and/or installing equipment. The filing fee will be used to defray the costs incurred by the Town of Avon in processing the application pursuant to I.C. 6-1.1-12.1-2(h). Please make the check payable to the Clerk-Treasurer and include it with the application, complete the **on-line SB-1 Form, include a printed copy of the completed SB-1, and other Required Attachments set forth on page 7 of this Application.** Please send check, application, and applicable state forms to:

Town of Avon
Attn: *Mr. John Taylor, Director of Economic Development*
6570 E. U.S. Hwy. 36
Avon, IN 46123

CONTACT INFORMATION

1. Taxpayer name for REAL Improvements: _____
Taxpayer name for PERSONAL Improvements: Ryder Integrated Logistics, Inc.
(Please make sure these names match the SB-1 State forms for tax purposes.)
2. Contact person/representative: Scott Wade
3. Telephone number: 505-903-9062 Fax number: _____
4. Mailing address of contact person: _____
Ryder Integrated Logistics, Inc.
11690 NW 105th Street
Miami, FL 33102
5. E-mail address: scott_wade@ryder.com
6. Contact Person for Annual Compliance Survey: Scott Wade
(Telephone & Email): 505-903-9062 - scott_wade@ryder.com

JOB CREATION AND RETENTION

Please be specific on job descriptions by choosing an "Occupation Code" provided in the Occupational Employment Statistics Profiles at http://www.bls.gov/oes/current/oes_stru.htm

Click on the Occupation Group name and find the specific occupation that is being created and/or retained. List your company's wage information.

7. Current **full-time** employment (*Top row is provided as an example only*):

<i>Occupation</i>	<i>Occupation Code</i>	<i>Number of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>
Management	11-1021	8	\$72,000	\$57,000 - \$85,000
0				

8. **Full-Time** jobs to be created as a result of this project (*Top row is provided as an example only*):

<i>Occupation</i>	<i>Occupation Code</i>	<i>Number of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>
Quality Control	51-9061	3	\$38,356	\$30,000 - \$40,000
See Attached Spreadsheet		50		

9. Other employment

a. Please note any **temporary** positions:

<i>Occupation; Current or Created?</i>	<i>Occupation Code</i>	<i>Number of Jobs</i>	<i>Average Salary</i>	<i>Salary Range</i>
See Attached Spreadsheet		9		

b. Please note any **part-time** positions:

Occupation; Current or Created?	Occupation Code	Number of Jobs	Average Salary	Salary Range
0				

10. Summation of Questions 7, 8, & 9:

Total Current Employees	Total Current Payroll (\$)	Proposed Total Employees	Proposed Total Payroll (\$)	Total No. of Employees Living in County
0	0	59	\$3,278,145	Unknown

11. Provide schedule for when new employee positions are expected to be filled: _____

Location Manager Hired by 5/31/2023

All other Employees Hired by 12/31/2023

12. Check all of the benefits listed below that the company provides to workers who have been employed for 6 months. The company must pay at least 70% of the benefit cost:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Paid Vacation | <input checked="" type="checkbox"/> Health Insurance | <input type="checkbox"/> Uniforms |
| <input checked="" type="checkbox"/> Sick Leave | <input checked="" type="checkbox"/> Life Insurance | <input checked="" type="checkbox"/> Employee Training |
| <input checked="" type="checkbox"/> Paid Holidays | <input checked="" type="checkbox"/> Dental Insurance | <input checked="" type="checkbox"/> Tuition Reimbursement |
| <input checked="" type="checkbox"/> 401k/Pension/SEP/Keogh | <input checked="" type="checkbox"/> Vision Insurance | <input type="checkbox"/> ESOP/Profit Sharing |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Other (Please list): | |

INVESTMENT

13. Please provide the amount invested for each category:

- a. Total cost of real estate improvements: N/A
- b. Total cost of manufacturing equipment: N/A
- c. Total cost of research and development equipment: N/A
- d. Total cost of logistical distribution equipment: \$10,500,000
- e. Total cost of information technology equipment: \$250,000
- f. Total cost of improvements and equipment: \$12,000,000

BACKGROUND INFORMATION

- 14. What year was the company founded? 1933
- 15. What is the company's NAICS code? 532120
- 16. Indicate the company's business, in general: Company operates thru three segments
 - a. Other: Fleet Mgmt, Supply Chain Solutions, Dedicated Transportation Solutions.
- 17. Description of product or service to be offered at the project site: Retail Shoes & Clothing
- 18. For "Office" and "Service" businesses, please indicate the percentage of clients/customers that are located within the Town: _____
- 19. Dollar amount of annual sales for each of the last three years: \$11.52B, 9.66B, 8.42B

20. List the three largest customers, their locations, and amount of annual gross sales:

<i>Customer</i>	<i>City / State</i>	<i>Annual Gross Sales</i>
	National	Unknown
	National	Unknown
	National	Unknown

21. List the three largest material suppliers, their locations, and amount of annual purchases:

<i>Supplier</i>	<i>City / State</i>	<i>Annual Gross Purchases</i>
	National	Unknown
	National	Unknown
	National	Unknown

22. Does the company's business include a retail component, meaning that goods or items are sold to the ultimate consumer for the consumer's use or consumption and not to a person for resale? NO (If yes, continue below. If no, then skip to question 20)

- a. What percentage of floor space will be utilized for retail activities? _____
- b. What percentage of sales are made to the ultimate consumer as defined above? _____
- c. Provide the amount of sales tax collected in each of the last three years:

- d. What percentage of business is from service calls? None

23. Impact on existing businesses:

- a. Will this project be in competition with existing local businesses? No
- b. Will this project complement existing local business? No
- c. Provide the names of who you consider to be your top three competitors:

24. On a separate page, please give a detailed description of what the impact on your business will be if the proposed real property improvement **is not** constructed (e.g. loss jobs, contract cancellations, loss of production, change in location, etc.).

GENERAL INFORMATION

25. Property owner(s): _____

26. Address of property: Avon Logistics Center, Bldg. 2, 8838 E CR 100

27. Township: South Avon Parcel number: 32-10-12-410-001.000-031

Legal description of property is attached: Yes No

28. Current zoning designation: _____

29. In order to be considered an Economic Revitalization Area (ERA), State Law (I.C. 6-1.1- 12.1-1) requires that the subject property be located in an area “which has become undesirable for, or impossible of, normal development and occupancy because of age, lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property.” It also includes any area “where a facility or a group of facilities that are technologically, economically, or energy obsolete are located and where the obsolescence may lead to a decline in employment and tax revenues.”

How does the property for which you are requesting designation meet the above definition of an ERA (*describe below*)?

REAL ESTATE TAX PHASE-IN

Complete this section **only** if you are requesting a deduction from assessed value for real estate improvements.

30. Will the current property be reutilized, deconstructed, or demolished? _____

31. Current use of the property:

a. How is the real estate presently used? _____

b. What structures are on the property? _____

c. What is (are) the general condition of structure(s)? _____

32. Current assessed value of the real estate:

a. Land: _____ b. Improvements: _____

33. Total real property taxes owed during the immediate past year: _____

34. Describe the proposed improvements to the subject property: _____

35. Have building permits been filed for this project? Yes No

36. Will additional public infrastructure/facilities be required? Yes No If Yes, please explain in detail costs/funding source and schedule for construction: _____

37. Projected Construction timeframe:

a. Construction start date: _____

b. Construction completion date: _____

38. Will this project require approval of a rezoning, plat, development plan, annexation, variance, special exception, building permit, or contingent use prior to the issuance of an Improvement Location Permit? Yes No If yes, list: _____

39. Is the Company current on all property, income, and withholding taxes? Yes No
If No, list: _____

40. Will local suppliers and contractors be used in the construction/operation of the proposed project? Yes No If Yes, list: _____

41. Does the proposed project take advantage of any "green" technology to reduce adverse environmental impact? Yes No If Yes, please explain: _____

PERSONAL PROPERTY TAX PHASE-IN

Complete this section **only** if you are requesting a deduction from the assessed value of new manufacturing, research and development, logistical distribution, or information technology equipment.

42. Current Assessed Value of existing equipment at the project site: 0

43. Total Personal Property taxes owed during the immediate past year: 0

44. Description of proposed equipment at the project site:

Pallet Racking/Automation/Office/Computer Equipment

45. Please provide a list of the equipment for which you are applying for a personal property abatement along with the expected life of the asset for purposes of depreciation (**attach a separate sheet if necessary**):

Proposed Equipment (list individually)

Expected Life of Asset for
Purpose of Depreciation

See Attached

46. Will any of the equipment listed above be classified as special tooling (as defined by regulation No. 16 and reported on Form 103-T) for property tax purposes? Yes No
- a. If yes, please indicate the total cost of special tooling: _____
47. Has any of the equipment for which you are seeking a designation been installed? NO
48. Has any of the proposed equipment ever been used for any purpose in Indiana? NO
49. Development time frame
- a. Equipment purchase date: Down Payments 3/15/2023
- b. Equipment installation date: 9/01/2023

COMMUNITY BENEFITS

50. How will the proposed designation further the economic development objectives of the Town? (Please answer Yes or No, and provide an explanation if the answer is Yes).
- a. Will the designation improve the utilization of vacant or under-utilized land?
Yes...Leasing vacant building and adding employment.
- b. Will the designation encourage the improvement of a deteriorated structure or the replacement of an obsolete structure?
NO
- c. Will the designation encourage the improvement or replacement of obsolete manufacturing, research and development, logistical distribution, or information technology equipment?
NO
- d. Will the designation assist in the inducement of a project providing substantial employment opportunities relative to the value of the improvements to be made and/or the equipment to be installed?
Yes - Please see attached excel schedule
- e. Will the designation assist in the inducement of a project which would provide long-term benefits to the tax base of the Town warranting the granting of the annually decreasing percentage of property tax abatement as provided in I.C. 6-1.1-12.1?
Yes

TAX ABATEMENT REQUEST & HISTORY

51. For the proposed project, is the applicant requesting other incentives from the Town (e.g., tax increment financing, economic development revenue bond financing)? If so, please explain:

NO

52. Has applicant previously been approved for economic development incentives from the Town (e.g., tax abatement, tax increment financing, economic development revenue bond financing)? If so, please explain and include information with respect to applicant's compliance with project representations made to the Town at the time the incentives were approved: NO

53. What is the term of the tax abatement requested (maximum 10 years)? 5 Years

54. Attach a schedule of the proposed tax abatement percentages in each year (note: if the proposed tax abatement schedule is other than a traditional tax abatement schedule, the Town might impose additional fees for consideration). Example of traditional 10 year tax abatement schedule:

Year	% of Assessed Value Exempt From Real Property Taxes
1	100%
2	95%
3	80%
4	65%
5	50%
6	40%
7	30%
8	20%
9	10%
10	5%

55. Complete the following schedule concerning the proposed property taxes to be abated and include on a separate page the worksheets for calculating the figures provided below:

a. Projected Current Conditions Without Abatement:

i. Current Annual Property Taxes: TPP - \$0

ii. Projected 10-Year Total: _____

Projected Conditions Wit

i. Projected 10-Year

ii. Projected 10-Year

Projected Total (Assumes

i. Total Amount Ab

ii. Total Taxes to be l

R

on will not be considered
determined to be com
esignating body.

hed. Once the
agenda of the

pplication Fee (Make che
atement of Benefits (SB-1
egal description of proper
wner's Certificate (if appl

[8516.htm](#))

lication constitutes a rec
tute an automatic deduc
owner to file the appr
pproved.

tion only and
possibility of
asurer if the

the information and rep
rovement Location Perm
nor has any manufact
hnology equipment wh
f the filing of this applic

plete and that
instruction of
tribution, or
and installed

at I must file a correctly
ig compliance with the
d that failure to demo
he tax abatement benefi

fits form (CF-
it of Benefits
result in the
designation.



wner or authorized repre

ax Manager _____
nd title