



Department of Economic Development

**HTC Preliminary
Form 1 – Part 1A**

LOG NUMBER (DED INTERNAL USE ONLY)

**HISTORIC PRESERVATION TAX CREDIT PROGRAM
PRELIMINARY APPROVAL FORM 1 – PART 1A**

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY: **IF APPLICANT IS AN INDIVIDUAL TAXPAYER:**

Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC	<input type="checkbox"/> Property Owner <input type="checkbox"/> Other (specify) _____
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NAME OF AUTHORIZED COMPANY OFFICIAL	TITLE	MAILING ADDRESS
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BUSINESS ADDRESS	CITY/TOWN
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CITY/TOWN	STATE	ZIP CODE	STATE	ZIP CODE
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TELEPHONE	FAX	TELEPHONE	FAX
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TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)	SOCIAL SECURITY NUMBER
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NAICS CODE (See Definitions in Guidelines)	BUSINESS SIZE (Number of Employees Including Company Owners)	SPOUSE SOCIAL SECURITY NUMBER (if applicable)
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EMAIL ADDRESS	EMAIL ADDRESS
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ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER	ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER
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HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN	STATE	ZIP CODE
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TELEPHONE	EMAIL ADDRESS	FAX
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HAS THE "CONTACT" EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

3. PROPERTY INFORMATION

NAME OF PROPERTY – LIST HISTORIC NAME OF PROPERTY IF INDIVIDUALLY LISTED ON THE NATIONAL REGISTER

ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

PROPERTY (CURRENT)

Residential Commercial Residential/Commercial Governmental

PROPERTY (AFTER REHABILITATION)

Residential Commercial Residential/Commercial Governmental

IF RESIDENTIAL, WILL THIS PROPERTY BE USED AS APPLICANT'S (1A) MAIN RESIDENCE?

YES NO

SQUARE FOOTAGE (BEFORE REHABILITATION)

SQ FT.

SQUARE FOOTAGE (AFTER REHABILITATION)

SQ FT.

PROPERTY LEGAL DESCRIPTION

4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

PHONE

FAX

5. HISTORIC ELIGIBILITY

IS THE PROPERTY INDIVIDUALLY LISTED ON THE NATIONAL REGISTER?

YES NO

If yes, the historic name should be listed as "Name of Property" in Section 3.

IS THE PROPERTY LOCATED IN A NATIONAL HISTORIC DISTRICT OR A CERTIFIED LOCAL DISTRICT?

YES NO If yes, enter name of Historic District below.

Name of District:

AGE OF STRUCTURE (IN YEARS)

6. APPLYING FOR FEDERAL PROGRAM?

YES NO

(If applying for federal program in addition to state program, you may submit a copy of Federal Part 2 instead of State Part 1B.)

7. PRELIMINARY TAX CREDIT REQUEST

ANTICIPATED COST OF REHABILITATION

YEAR

ESTIMATED COST

YEAR

ESTIMATED COST

ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)

ANTICIPATED TOTAL LABOR COST (INCLUDE ALL YEARS)

ANTICIPATED TOTAL QUALIFIED REHABILITATION EXPENSES - QREs
(THIS AMOUNT WILL BE USED TO CALCULATED TAX CREDIT REQUESTED AND
ALLOCATED TO THIS PROJECT)

TOTAL STATE TAX CREDIT REQUESTED

ANTICIPATED TOTAL QREs X 25% = \$

BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF BASIS

PROJECT START DATE (m/d/yr)

PROJECT COMPLETION DATE (m/d/yr)

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD OR AWARDED TO THIS PROJECT?

YES NO IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

- | | |
|---|---|
| <input type="checkbox"/> Missouri Housing Development Commission \$ _____ | <input type="checkbox"/> Brownfield \$ _____ |
| <input type="checkbox"/> Enterprise Zone \$ _____ | <input type="checkbox"/> New Business Facility \$ _____ |
| <input type="checkbox"/> Federal Historic Preservation \$ _____ | <input type="checkbox"/> Neighborhood Assistance \$ _____ |
| <input type="checkbox"/> Neighborhood Preservation \$ _____ | <input type="checkbox"/> Youth Opportunity \$ _____ |
| <input type="checkbox"/> Local Community Development Block Grant \$ _____ | <input type="checkbox"/> Community Development Block Grant \$ _____ |
| <input type="checkbox"/> Other (please specify program(s) and amount) _____ | |

8. USE OF PROPERTY: Complete one or both of the sections below, depending on the end use of the property.

8a. If property will be entirely or partially commercial, retail, wholesale, or business use:

ANTICIPATED NUMBER OF NET NEW JOBS TO THE STATE TO BE CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE RELOCATED JOBS WITHIN THE STATE OR CONSTRUCTION JOBS DURING PROJECT) **FILL OUT JOB CLASSIFICATION SHEET IF REPORTING NEW JOBS**

WILL ANY PART OF THIS PROPERTY BE LEASED?

YES NO

IF YES, DOES THE PROJECT HAVE ANTICIPATED OR SECURED TENANT?

YES NO

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

YES NO If yes, provide the length of term and percentage of abatement. _____ Years _____ %

8b. If property will be entirely or partially residential use:

ANTICIPATED NUMBER OF HOUSING UNITS

TYPE OF HOUSING

SINGLE-FAMILY/OWNED MULTI-FAMILY/OWNED RENTAL

ANTICIPATED NUMBER OF NET NEW JOBS TO THE STATE TO BE CREATED AS A RESULT OF REHABILITATION (DO NOT INCLUDE RELOCATED JOBS WITHIN THE STATE OR CONSTRUCTION JOBS DURING PROJECT) **FILL OUT JOB CLASSIFICATION SHEET IF REPORTING NEW JOBS**

WILL ANY PART OF THIS PROPERTY BE LEASED?

YES NO

IF YES, DOES THE PROJECT HAVE ANTICIPATED OR SECURED TENANT?

YES NO

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

YES NO If yes, provide the length of term and percentage of abatement. _____ Years _____ %

9. BUILDING APPROVALS

HAS THE PROJECT RECEIVED BUILDING APPROVALS OR PERMITS NECESSARY TO COMMENCE THE REHABILITATION?

YES NO

10. PARTICIPATING IN THE E-VERIFY PROGRAM

IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM?

YES NO

Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program.

To access the E-Verify website, go to: <https://e-verify.uscis.gov/enroll>

11. NOT-FOR-PROFIT ENTITY INVOLVEMENT

DOES THE APPLICANT (1a) HAVE ANY NOT-FOR-PROFIT ENTITY AS PART OF ITS OWNERSHIP GROUP, WHETHER DIRECTLY OR INDIRECTLY?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT OWNER(S) AND ITS PERCENTAGE OF OWNERSHIP OF THE APPLICANT.

WILL ANY **NOT-FOR-PROFIT ENTITY** PROVIDE ANY SOURCE OF FUNDS FOR THIS PROJECT, INCLUDING, BUT NOT LIMITED TO LOANS, CAPITAL CONTRIBUTIONS AND/OR GRANTS?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT OF FUNDS PROVIDED AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT AND THE APPLICANT.

WILL ANY **NOT-FOR-PROFIT ENTITY** INCUR OR PAY ANY REHABILITATION EXPENSES?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY, THE AMOUNT IT WILL INCUR OR PAY, AND THE RELATIONSHIP BETWEEN THE NOT-FOR-PROFIT ENTITY AND THE APPLICANT.

WILL THE HISTORIC TAX CREDITS ISSUED FOR THIS PROJECT BE DISTRIBUTED TO ANY **NOT-FOR-PROFIT ENTITY**?

YES NO

IF YES, PROVIDE THE NAME OF THE NOT-FOR-PROFIT ENTITY AND THE PERCENTAGE OF THE CREDITS THAT WILL BE DISTRIBUTED.

12. STRUCTURE BEING LEASED TO TAX EXEMPT ENTITY

WILL ANY PART OF THE PROPERTY BE LEASED OR SUBLEASED TO ANY TAX -EXEMPT ENTITY?

YES NO

IF YES, PROVIDE THE NAME OF THE TAX-EXEMPT ENTITY THAT WILL LEASE THE PROPERTY AND THE PERCENTAGE OF THE PROPERTY IT WILL LEASE.

Any participation by not-for-profit entities, including but not limited to ownership interest, capital contributions, distribution of tax credits, incurrence or payment of rehabilitation expenses, lease to a tax-exempt entity, may result in the **reduction** of tax credits.

13. PROJECT INFORMATION – FILL THIS SECTION IF TOTAL TAX CREDIT REQUESTED IS \$275,000 OR MORE

CURRENT ASSESSED VALUE OF PROPERTY
\$

FUTURE APPRAISED VALUE OF PROPERTY AFTER REHABILITATION
\$

PROJECT NARRATIVE – PROVIDE A SUMMARY OF THE PROJECT, DESCRIBING ITS IMPORTANCE TO THE STATE OF MISSOURI AND THE COMMUNITY AND NEIGHBORHOOD IN WHICH THE PROJECT IS LICATED

[Empty area for project narrative]

14. HISTORIC TAX CREDIT – APPLICANT CERTIFICATION AND AGREEMENT

- 1. I certify that I am an authorized representative of the applicant and, as such, am authorized to make the statement of affirmation contained herein.**
- 2. The information submitted by the applicant to DED in connection with the rehabilitation is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The applicant hereby authorizes DED to verify such information.**
- 3. Neither the applicant, nor any individual with an ownership interest in the applicant:**
 - a. Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;**
 - b. Is delinquent with respect to any non-protested federal, state or local taxes or fees;**
 - c. Has filed, or is preparing to file, for bankruptcy, unless otherwise disclosed to DED; or**
 - d. Has failed to fulfill any obligation under any other state or federal program, including a failure to pay as agreed any accrual upon which tax credits were issued.**
- 4. I will inform DED, if at any time before project completion, there is any change to the certifications made in paragraphs 3(a) through 3(d) of this statement of affirmation.**
- 5. The applicant, and any vendors the applicant will utilize to perform the rehabilitation, are registered and in good standing with the Missouri Secretary of State's Office.**
- 6. The applicant agrees to comply with any and all agreements made pursuant to the rehabilitation, upon which tax credits are issued.**
- 7. I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.**
- 8. I certify that applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide to DED documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program.**
- 9. The applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.**
- 10. I understand that if the applicant is found to have employed an unauthorized alien, applicant may subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.**

11. I certify that (check the applicable box):

I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.

I am not a business entity as defined in RSMo 285.525 (1) as “any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term “business entity” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “business entity” shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term “business entity” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.”

- 12. I hereby agree to allow DED, Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program.**
- 13. I understand and acknowledge that DED agrees to issue historic preservation tax credits in exchange for the consideration provided by the new tax revenues and other economic stimuli that will be generated by applicant’s rehabilitation of the property set forth in this application. I understand that payment of a developer fee within a reasonable period of time following its accrual is material to DED’s approval of any developer fee as a qualified rehabilitation expenditure, and I agree to repay DED immediately upon DED’s written notice to applicant the full value of the credits received for the amount of the developer fee for which tax credits have been issued and applicant has failed to pay within five (5) years of such developer fee’s accrual. I further acknowledge that DED is authorized to enforce this agreement pursuant to Section 620.017.2, RSMo.**
- 14. By submitting this application, I acknowledge that the applicant shall comply with DED Historic Preservation Tax Credit Program requirements. I further acknowledge that the applicant’s failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment to DED the monetary value of any expended tax credit proceeds.**
- 15. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge. I also realize that failure to disclose material information regarding the applicant, its owners, or any other pertinent facts may result in criminal prosecution.**

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSEER SEAL	On this ____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF		COUNTY
	NOTARY PUBLIC NAME	MY COMMISSION EXPIRES	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE		

JOB CLASSIFICATION SHEET – FILL OUT THIS SECTION IF ANTICIPATING NEW JOB CREATION

NAICS	INDUSTRY	NUMBER OF NEW JOBS
1110-1120	Farm	
1130-40	Forestry, fishing, hunting	
1150	Agriculture	
2110	Oil & gas extraction	
2120	Mining (except oil, gas)	
2130	Support activities for mining	
2200	Utilities	
2300	Construction	
3210	Wood products mfg	
3270	Nonmetallic mineral products mfg	
3310	Primary metal mfg	
3320	Fabricated metal products mfg	
3330	Machinery mfg	
3340	Computer & electronic products mfg	
3350	Electrical equipment & appliance mfg	
3361-3363	Motor vehicle mfg	
3364-3369	Transportation equipment mfg	
3370	Furniture & related products mfg	
3390	Miscellaneous mfg	
3110	Food mfg	
3120	Beverage & tobacco products mfg	
3130	Textile mills	
3140	Textile products mills	
3150	Apparel mfg	
3160	Leather & allied products mfg	
3220	Paper mfg	
3230	Printing & related mfg	
3240	Petroleum & coal products mfg	
3250	Chemical mfg	
3260	Plastics & rubber products mfg	
4200	Wholesale trade	
4400-4500	Retail trade	
4810	Air transportation	
4820	Rail transportation	
4830	Water transportation	
4840,4920	Truck transportation & couriers	
4850	Transit & ground passenger transportation	
4860	Pipeline transportation	
4870-4880	Scenic & sightseeing transportation	
4930	Warehousing & storage	
5110	Publishing & software (except Internet)	
5120	Motion picture & sound recording	
5160,5180,5190	Internet & data publishing, providers, & processing	
5150,5170	Broadcasting & telecommunications	
5210-5220	Monetary authorities & banks	
5230	Securities, commodities, & investments	
5240	Insurance carriers & agencies	
5310	Real estate	
5320-5330	Rental & leasing services	
5400	Professional, technical, & scientific services	
5500	Management of companies & enterprises	

JOB CLASSIFICATION SHEET (continued)

NAICS	INDUSTRY	NUMBER OF NEW JOBS
5610	Administrative & support services	
5617	Services to buildings & dwellings	
5620	Waste management & remediation services	
6100	Educational services	
6210	Ambulatory health care services	
6220	Hospitals	
6230	Nursing & residential care facilities	
6240	Social assistance	
7110	Performing arts & spectator sports	
7120	Museums, zoos, & parks	
7130	Amusement, gambling, & recreation	
7210	Accommodation	
7220	Food services & drinking places	
8110	Repair & maintenance	
8120	Personal & laundry services	
8130	Membership associations & organizations	
8140	Private households	
9200	State Government	
9200	Local Government	
9200	Federal Civilian Government	
9200	Federal Military Government	
Total number must match number listed in Section 8		

FORM 1, PART 1B.**REHABILITATION INFORMATION**

(NOTE: IF YOU ARE APPLYING FOR FEDERAL HISTORIC TAX CREDITS, DO NOT COMPLETE PART 1B. INSTEAD SUBMIT A COPY OF FEDERAL PART 2 ALONG WITH ONE SET OF PHOTOGRAPHS KEYED INTO FLOOR PLANS.)

BRIEF PROJECT SUMMARY: Provide brief description of the building and proposed work such as the existing use, historic use, proposed use, number of stories, character of the building exterior, interior, special features and proposed change to the building – If you apply for federal part 1, you may make a note and submit a copy of federal part 1 instead.

Detailed Description of Work: Architectural features includes: exterior building material, roof, windows, doors, trim, interior walls, flooring, stairs, millwork, fireplace/chimney breast, ceiling, mechanical ductwork, site work, new construction, alterations, etc. Complete blocks below.

ITEM NUMBER: 1 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART 1B. – DESCRIPTION OF REHABILITATION - CONTINUED

ITEM NUMBER: 2 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART1B. – DESCRIPTION OF REHABILITATION CONTINUATION SHEET

ITEM NUMBER: 4 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 5 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART 1B. – DESCRIPTION OF REHABILITATION CONTINUED

ITEM NUMBER: 6 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 7 Architectural Feature:
Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$



Department of Economic Development

CONTINUATION/AMENDMENT SHEET

PROPERTY NAME	LOG NUMBER
PROPERTY ADDRESS	

Instructions: Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Historic Tax Credit Form 1A – Preliminary Approval and/or Part 1B, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Preliminary continues Final amends Preliminary amends Final

APPLICANT NAME	APPLICANT SIGNATURE	DATE
STREET ADDRESS		CITY
STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER

DEPARTMENT OF NATURAL RESOURCES STATE HISTORIC PRESERVATION PROGRAM OFFICE USE ONLY

- The DNR SHPO has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The DNR SHPO has determined that these project amendments will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- The DNR SHPO has determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

DATE	DNR STATE HISTORIC PRESERVATION OFFICE
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