

The City of South Charleston

P.O. Box 8597
South Charleston, West Virginia 25303
Phone: (304) 720-5985
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DEPARTMENT OF FINANCE AND ADMINISTRATION APPLICATION FOR TAX CREDIT

The entity known as _____ on _____ (Today's Date) is hereby applying for the tax credit program offered by the City of South Charleston. Let it be known that upon receiving the application from the applicant the City will review the above named entity's particular situation and make a decision on whether or not this entity will qualify for the tax credit.

If the application is approved, it will be contingent on the following conditions:

- 1} A seventy five percent {75%} tax reduction for the above name entity for the first year year of business.
- 2} A fifty percent {50%} tax reduction for the above name entity for the second year of business
- 3} A twenty five percent {25%} tax reduction for the above name entity for the third year of business
- 4} All B&O Taxes and other fees due to the City must be paid on or before due date.
- 5} Municipal Business License must be kept current.

If the above named entity becomes delinquent in paying B&O taxes, or other fees due to the City, or if the Municipal Business License expires, the City can and will permanently remove the above named entity from the tax credit program and will collect all taxes at the full rate.

Signature

Date Business Started