



**Application For Preliminary Certification**  
**Oregon Investment Advantage**  
 (Business Development Income Tax Exemption)  
 ORS 285C.500–285C.506, 316.778 & 317.391

**DUE** before beginning any construction, improvements or installation of property at facility, **and** before hiring new employees.  
 After email submission of this form, the signed original and application fee should be mailed to  
 OIA Preliminary Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301.

**Proposed Facility/Improvements and Business Operations**

Date of facility acquisition	When would construction, improvements or installations begin?	When would hiring begin?
Facility Location:		When would operations begin?
Land use zoning	Inside city's... Corporate limits      Yes      No Urban Growth Boundary      Yes      No	years How long will it operate?
	If any property will be leased, list owner(s) of leased property	years Term of lease
Address (street address, lot number of site)	not applicable	
Describe intended operations and the property to be acquired, constructed or installed that will comprise the facility		information attached

**Uniqueness of Operations to Oregon**

During last 12 months, has this company, or a commonly controlled company, conducted operations anywhere in Oregon that are in any way comparable to what will be undertaken at the proposed facility?	Yes	No
If Yes, (or if acquired, existing facility) describe each in-state activity (or any existing facility activity) and how it does/does not compare with the proposed new operations at the facility.		information attached

**Operations' Potential Relation to Local Competition**

Is your proposed facility in any way likely to compete with existing businesses inside the city, county or port area in terms of inputs, resources, labor or customers/local market?	Yes	No
Explain answer, describing customer types and basic impacts on local labor or resource markets or supply.		information attached

**Employment and Compensation\***

Proposed number of new hires working full-time, year-round positions

Minimum annual compensation (including non-mandatory benefits) for each of at least five new hires

Health insurance coverage for employees at the facility information attached

\*Minimum of five new employees who receive compensation of 150% or more of the most recently available figure for county per capita income, or at least 100% or more, with general health care coverage for all facility employees that equals or exceeds that of local municipal employees.

## Application for Preliminary Certification: Oregon Investment Advantage

### Applicant Business

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Income Tax Fiscal Year starts \_\_\_\_\_ \$500 application fee enclosed  
(check payable to Oregon Business Development Department)

### Declaration by Applicant

I hereby declare to have examined this document and attachments. To the best of my knowledge, they are true, correct and complete in every material respect. If any such information changes, I will notify the department and submit proper written amendments. I understand that the facility will receive the exemption only if my business satisfies the requirements of ORS 285C.500 to 285C.506.

\_\_\_\_\_  
Signature (use black or blue ink) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title of authorized company representative \_\_\_\_\_

For use by Department									
Application complete	Yes	No	Qualified location?	Yes	No	Planned facility, hiring, compensation sufficient?	Yes	No	Date business notified
Sent to county governing body?	Yes	No	Date†	Addressed to					
Sent to city governing body?	Yes	No	Date†	Addressed to					
Sent to port governing body?	Yes	No	Date†	Addressed to					
Business Development Staff signature for above			Date	Arthur L Fish			Printed Name		
Final Staff Determination	Approved	Denied (initial)	Oregon Department of Revenue copied						
<b>If denied:</b>									
Notice sent	Date	Enclosures:			Explanation of reasons		Applicable city/county materials		How to appeal

### To County or City Government or Port District

The county, city or port in which the facility would locate may object to the exemption from state income/excise taxes pursuant to this application. The department must receive the objection within 60 days of the date marked† above, including a copy of both: (1) this application with a signature and reason for objection as indicated below, and (2) a resolution to the same effect as duly adopted by the city's or county's governing body. A response is necessary, only if objecting to the exemption on this facility, or if having other information material to the department's determination for approving or denying preliminary certification under ORS 285C.500 to 285C.506.

**Official local objection**      resolution attached      Compete with existing businesses      Incompatible with development standards  
Explanation

**Potential noncompliance for certification**      Facility began prior to application date      Other (e.g., health insurance, location)  
Explanation

\_\_\_\_\_  
Authorized representative signature (in ink)      City      County Representation      Port      Date

Printed name \_\_\_\_\_ Title \_\_\_\_\_

**Mail signed original and application fee to:  
OIA Preliminary Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301-1280**