

**CITY OF CASCADE**  
**BUSINESS INCENTIVE PROGRAM**

**Part I. Identification**

Applicant: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Part II. Eligibility**

Business Zoned M-1 or M-2: \_\_\_\_\_ Business Located in Industrial Park: \_\_\_\_\_

**Part II. Requirements**

Construction or Expansion Completed: \_\_\_\_\_ Existing Building Purchased: \_\_\_\_\_  
(Identify which one applies)

Number of Jobs Added with Construction, Expansion or Purchase: \_\_\_\_\_

Wages of Positions Added: \_\_\_\_\_

Wages must be at 80% of Dubuque County's Regional Wage amount to be eligible.

Business will provide the most recent Employers Contribution & Payroll report to verify the number of employees and their wages on the anniversary of this application. Please blackout the employee's social security numbers.

**Part III. Assessed Value (Available from County Assessor)**

A. Assessed Property Value of New Construction: \$ \_\_\_\_\_

B. Assessed Property Value of Building After Expansion: \$ \_\_\_\_\_

C. Assessed Property Value of Purchased Building: \$ \_\_\_\_\_  
(Put the value beside the appropriate area)

To be eligible for the (5) Five year incentive, the business agrees to stay in business and conduct operations for a minimum of (5) Five years. If the company fails to meet this requirement, a prorated refund will be given back to the City of Cascade based on the amount given to date.

**Part IV. Applicants Signature**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

.....  
Office Use Only

Business is zoned correctly and in the appropriate district: \_\_\_\_\_

Assessed Value Meets the Requirements: \_\_\_\_\_

Number of Jobs and Wages Meet the Requirements: \_\_\_\_\_

Business Incentive Approved: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature