

CITY OF SEGUIN  
DOWNTOWN HISTORIC DISTRICT  
TAX EXEMPTION APPLICATION

1. Applicant: \_\_\_\_\_

2. Mailing address of applicant: \_\_\_\_\_

\_\_\_\_\_

3. Applicant is a (check one):

a) Corporation \_\_\_\_\_

i) Texas \_\_\_\_\_

ii) Foreign \_\_\_\_\_ (State of Incorporation) \_\_\_\_\_

b) Partnership \_\_\_\_\_

c) Sole Proprietorship \_\_\_\_\_

d) Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Applicant's federal taxpayer identification number: \_\_\_\_\_

5. General description of applicant's business activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Location of subject property for which tax exemption is requested (please enclose map and legal description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Assessed value of subject property for tax year immediately preceding this application (please enclose copy of Guadalupe County Appraisal District statement):

a) Real property: \_\_\_\_\_

b) Improvements: \_\_\_\_\_

8. General description of new improvements to be undertaken (i.e., new facilities, facilities expansion, and/or modernization of existing facilities):

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9. Descriptive list of improvements for which exemption is requested, including kind, number, location and estimated capital investment:

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10. Proposed time schedule of undertaking and completing proposed improvements:

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11. Estimated number of new jobs to be created by proposed improvements during each of next ten years:

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12. Designated contact person for applicant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

In addition to the above information, please enclose the following with this application:

- a) Audited financial statements for three years immediately preceding this application.
- b) Certificate of Good Standing from Texas Comptroller's Office.
- c) Evidence of ownership of subject real property.
- d) If applicant is a corporation, corporate reports for three years immediately preceding this application.

My name is \_\_\_\_\_. My relationship to applicant in the forgoing Application for Tax Exemption is \_\_\_\_\_. I am authorized to make this application on behalf of the applicant. I hereby certify that the information set forth in and enclosed with this application is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Typed or Printed Name

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, to certify which witness my  
hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS