

## 2015 JOBZ Minnesota Business Assistance Form (MBAF)

- This Minnesota Business Assistance Form (MBAF) is a (JOBZ) tax exemptions/credit agreement signed from J. §116J.993 to §116J.995. This form should be used to receive business subsidies.
- Assistance given to a business located in a JOBZ one mu
- This form must be submitted to DEED by April 1, 2015.
- Questions? Call (651) 259-7179. Information on where

DEED USE ONLY: Report Year 2015

MBAF Year: 2005

Region #: 8 - Southwest

Date Received: 3-30-2015

Tracking #: 068

### Section 1: Grantor (funding entity) Information

1. Name of grantor: <u>City of Marshall</u>		2. Name of person completing this form: <u>Ben Martig</u>	
3. Street address: <u>344 West Main Street</u>		4. City: <u>Marshall</u>	5. Zip Code: <u>56258</u>
6. County: <u>Lyon</u>	7. Phone number: <u>507-537-6760</u>	8. Fax number: <u>507-537-6830</u>	9. E-mail address: <u>ben.martig@marshallmn.com</u>

10. Please indicate who in your organization should receive the MBAF if different from the person in Question 2.

Name/Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Street address, City & Zip Code: \_\_\_\_\_

11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")

- City government
- County government
- Regional government
- State government
- Other (Please specify): \_\_\_\_\_

12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. § 116J.994? (Mark one.)

- Yes, in 2015 (attach criteria)
- Yes, in 2015 but have not yet adopted criteria
- Yes, prior to 2015

If Yes:

Hearing Date: 06-21-04 Year Criteria Submitted: 2004

- No
- Other (Please attach explanation.)

### Section 2: Recipient Information

13. Name of business or organization receiving subsidy or financial assistance: <u>Turkey Valley Farms</u>	14. Address where business subsidy or financial assistance will be used Street address: <u>112 S. 6<sup>th</sup> Street</u> City, State & ZIP Code: <u>Marshall, MN 56258</u>
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15. Does the recipient have a parent corporation? (Mark one.)

- Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)
- No

Name of parent corporation: \_\_\_\_\_

Street address, City & Zip Code: \_\_\_\_\_

16. Please indicate if property owner is different from recipient (Mark one.)

- Yes (Indicate name and address of property owner below. If more than one, indicate ultimate owner.)
- No

Name of the property owner: \_\_\_\_\_

Street address, City & Zip Code: \_\_\_\_\_

17. Please provide the Unemployment Insurance Employer Account Number for the qualified business in the JOBZ zone location. This information is not mandated in 2008, but may be in the future. The number will be used by DEED and share with local governments to verify that wage and employment goals are being met as required in the JOBZ business subsidy agreement.

Employer Account Number (EAN): \_\_\_\_\_

18. Industry of recipient's facility (Mark one.):

- Manufacturing
- Retail Trade
- Services
- Wholesale Trade
- Finance, Insurance, Real Estate
- Other (please specify): \_\_\_\_\_
- Construction

