

# FAIRFAX COUNTY

## ECONOMIC DEVELOPMENT AUTHORITY

### Industrial Revenue Bonds

#### Application for Issuance of Industrial Revenue Bonds by the Fairfax County Economic Development Authority

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Point(s) of Contact: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Organizational Structure of Applicant:

Corporation       Partnership       Limited Liability Company       Other

State of Incorporation or Certificate: \_\_\_\_\_

Is applicant an exempt organization under Internal Revenue Code 501(c)(3)?

Yes       No

#### Financial institution or underwriter providing financing:

Name of institution: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fax number: \_\_\_\_\_

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[www.FairfaxCountyEDA.org](http://www.FairfaxCountyEDA.org)

Offices worldwide: San Francisco | Bangalore | Frankfurt | London | Seoul | Tel Aviv

**Bond Counsel:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fax number: \_\_\_\_\_

Amount of revenue bond financing sought: \$ \_\_\_\_\_

**Type of facility for which financing is sought:**

- Parking facility
- Museum
- Medical facility
- Pollution control facility
- Research & development or scientific facility
- Multi-state, regional or national headquarters
- Private, accredited & nonprofit institution of collegiate education
- Athletic, health or recreational facility
- Governmental or non-profit, non-religious or non-sectarian organization facility
- Residence/care of the aged facility
- Manufacturing facility
- Other (Please describe): \_\_\_\_\_

Location of facility: \_\_\_\_\_

Magisterial district: \_\_\_\_\_

**List all stockholders or partners having 10 percent or more ownership interest in the applicant:**

Name	Percent interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List all stockholders or partners having 10 percent or more interest in any organization having a 50 percent or greater ownership interest in application:**

Name	Percent interest
_____	
_____	
_____	
_____	

**Owner of facility (if different from applicant):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fax number: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Relationship of owner to contact: \_\_\_\_\_

**List all stockholders or partners having 10 percent or more interest in the owner:**

Name	Percent interest
_____	
_____	
_____	
_____	

**List all stockholders or partners having 10 percent or more interest in any organization having a 50 percent or greater ownership interest in the owner of the facility:**

Name	Percent interest
_____	
_____	
_____	
_____	