
RENAISSANCE ZONE

GUIDELINES FOR PROJECT APPROVAL

The City of Langdon wants to encourage investment within the Renaissance Zone to improve deteriorating properties and to curtail the vacation of buildings and potential decline in tax base. Properties should be renovated or built to meet the needs of the community and should conform to the City's comprehensive land use plan. These plan documents are available upon request.

In order to qualify for consideration as a Renaissance Zone project, a proposal must meet the following criteria. A transfer of the property ownership does not automatically qualify a property as an approved zone project. The intent of these criteria is to encourage and reward significant levels of investment in zone properties. However, each project is based on its own merits and the City of Langdon may waive any of these requirements if they deem a business should receive benefits for the good of the community and the State's minimum criteria have been met.



CURRENT RESIDENTIAL PROPERTY

- ✓ Property may not have been part of a previous zone project.
- ✓ Property must be zoned as residential.
- ✓ Property must be of a conforming use.
- ✓ Project must bring property into compliance with all current building codes.
- ✓ Property owner must make all necessary improvements to eliminate any and all deteriorated conditions that are visible on the exterior of the building.
- ✓ Property owner must make capital improvements equal to the greatest of the following:
 - 20% of the true and full value of the property prior to improvements.
 - \$10,000.00 of capital investment.
- ✓ Proposed capital improvements must substantially improve the life expectancy of the property. Capital improvements include, but are not limited to, replacement or updating of roof, foundation, structure, siding, windows, doors, electrical, plumbing, heating and cooling systems. Capital improvements do not include new floor covering, window treatments, wall coverings, or furnishings. Cabinetry may be included if basis for improving life expectancy can be determined.
- ✓ Additions or garages may only be included if it is determined that all other necessary improvements have been made to the existing principal structure.
- ✓ A zone project is defined as the purchase, lease, rehabilitation or historical preservation or renovation of a building or a space in a building.



NEW RESIDENTIAL CONSTRUCTION

- ✓ Property must be of conforming use.
- ✓ Property must be consistent with visions and goals of the City of Langdon.



CURRENT COMMERCIAL PROPERTY

- ✓ Property ownership must be transferred after the state authorization of the zone to be eligible for both real estate and income tax exemptions. If the existing owner remodels property without transfer of ownership, NDCC 57-02.2 allows for the granting of a remodeling exemption for that portion of the project.
- ✓ Property may not have been part of a previous zone project.
- ✓ Property must be of a conforming use.
- ✓ Project must bring property into compliance with all current building codes and all deteriorated conditions that are visible on the exterior of the building. Greater attention is required to this guideline for property located on Main Street and Highway One.
- ✓ Property owner must make capital improvements equal to the greatest of the following:
 - 50% of the true and full value of the property prior to improvements.
 - \$10,000.00 of capital investment.
- ✓ Proposed capital improvements must substantially improve the life expectancy of the property. Capital improvements include, but are not limited to, replacement or updating of roof, foundation, structure, siding, windows, doors, electrical, plumbing, heating and cooling systems. Capital improvements do not include new floor coverings, window treatments, wall coverings, cabinets, or furnishings.



NEW COMMERCIAL CONSTRUCTION OR ADDITIONS

- ✓ Property must be of conforming use.
- ✓ Property must be consistent with visions and goals of the City of Langdon.
- ✓ Investment of \$20 in capital improvements per square foot.



COMMERCIAL LEASES

- ✓ Continued leases in buildings being rehabilitated as a zone project will be considered as new leases.
- ✓ Building has been determined by Zone Authority to have been restored or rehabilitated prior to the establishing of the zone.
- ✓ Business must be consistent with the zone goals and objectives.



RELOCATION OF COMMERCIAL BUSINESSES

- ✓ Commercial tenants that are relocating from one zone property to another are not eligible for tax incentives without special approval from the Zone Authority unless there is a legitimate business expansion.
- ✓ Commercial tenants that are relocating from another ND community to Langdon are not eligible for tax incentives without special approval from the Zone Authority.



PERCENTAGE OF EXEMPTION

- ✓ Property that is targeted for demolition in the Renaissance Zone plan shall be eligible for 100% exemption from property taxes if the existing property is demolished and replaced by a new structure. (Property taxes on land are not exempt.) New construction that requires building demolition in order to construct the zone project must demolish existing structures set for removal prior to application for project consideration in zone.
- ✓ Non conforming properties that make structural changes to provide for a change in use to bring the property into compliance with city plans and ordinances shall be eligible for 100% property tax exemption.
- ✓ Property meeting the criteria of the Renaissance Zone shall be eligible for 100% property tax exemption on the existing building and improvements.
- ✓ Income tax exemptions are awarded at 100% for income generated in the Renaissance Zone for business operating in an approved project.
- ✓ Tenants leasing space in an approved renaissance zone project are eligible for 100% income tax exemption for the business operating in the approved project.

RENAISSANCE ZONE

GENERAL ADMINISTRATION AND JOB RESPONSIBILITIES



NORTH DAKOTA DIVISION OF COMMUNITY SERVICES

The Renaissance Zone Legislation has designated the North Dakota Division of Community Services to be responsible to insure that the Renaissance Program has been implemented and is being managed in accordance with the written act. It has the responsibility of reviewing and giving final approval of each project, as approved by the City Council, as well as monitoring the progress of each project, as approved by the City Council, as well as monitoring the progress of each approved Renaissance Zone in accomplishing its goals.



THE CITY COMMISSION

The City Commission is the local authority responsible for final approval, or disapproval of each application for a Renaissance Zone project.



THE CITY AUDITOR

The City Auditor, shall be responsible for administration. Administrative responsibilities include the following:

- ✓ Submission and follow-up of each project approved by the City Commission and forwarded to the North Dakota Division of Community Services for their approval.
- ✓ Oversees project activities and maintains project records.
- ✓ Forwards all required reports on Renaissance Zone activities to the appropriate State office.

The City Auditor shall work directly with applicants and the community to explain the goals and objectives of the zone. He/She shall also work directly with all parties to promote, develop, and manage activities and projects.



THE CAVALIER COUNTY JOB DEVELOPMENT AUTHORITY

The Cavalier County Job Development Authority's mission is to not only create jobs and increase incomes by the process of economic development, but to create a climate conducive for development within the whole county. Economic

Development includes the enhancement of human capital, developing community infrastructure and promoting business development.



THE RENAISSANCE ZONE AUTHORITY

The Renaissance Zone Authority is appointed by the Commission President and ratified by the City Commission to coordinate the review process of applications, making recommendations to the City Commission for approval or rejection; or may continue to negotiate an application. It shall assist in the promotion, marketing, and follow-up of the Renaissance Zone program, including administration.



CITY ASSESSOR

The City Assessor shall, upon completion of a project, make an assessment of the property with improvement. He/She, in turn, shall make a report of findings to the City Auditor to update the Renaissance Zone project files and initiate property tax exemptions and credits.



LANGDON AREA CHAMBER OF COMMERCE

The Langdon Area Chamber of Commerce's mission is to encourage and promote a climate conducive to healthy economic growth; to encourage business creation and expansion; to enhance a spirit of cooperative community effort; and to enhance the quality of life in Langdon.



LANGDON BEAUTIFICATION COMMITTEE

The Langdon Beautification Committee was formed to enhance community beautification projects. The Committee is comprised of a small group of citizens who volunteer their time to various beautification projects throughout the community.

RENAISSANCE ZONE PROJECT APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
SFN 59291 (03/13)

In order to receive DCS approval on zone projects, the following information must be submitted to the DCS:

1. Type of project

Business Residential Utility Infrastructure Project (UIP)

2. If this is a UIP, project is the applicant a renaissance zone project? Yes No

- a. To be considered a Renaissance Zone project, the project would need to take place in the Renaissance Zone and be a utility company.
- b. If this is a property owner affected by a UIP not participating in a renaissance zone project, is the property owner in the Renaissance Zone? Yes No

3. Name of applicant(s)/or business name _____

If business, type of entity _____

(Provide a copy of the Certificate of Good Standing from Tax Department)

Address and renaissance zone block number as it appears in the development plan property listings.

Address _____

City _____ Renaissance Zone Block _____

4. For residential projects provide evidence that the home purchased is the taxpayer's primary residence.

5. Project Type:

- a. Purchase (to include new construction)
- b. Purchase with major improvements (**applies only to commercial projects**)
- c. Lease

i. What type of lease?

New Expansion Continuation of a Lease Leasehold Improvement

If this an expansion, what is the additional square feet of the expansion? _____

- ii. If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property? Yes No

d. Rehabilitation

- i. Commercial 50% of the True and full value

Or

- ii. Residential 20% of the true and full value

iii. Current true and full value \$ _____

iv. For rehabilitation projects, provide a description of the work and the estimated costs.

| Work to be Done | Estimated Cost |
|-----------------|----------------|
| | |
| | |
| | |
| | |

6. Does this project involve historical preservation or renovation? Yes No

a. For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. **A letter of approval from the Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.**

b. Information for historical properties may be obtained by contacting the Historical Society at: (701) 328- 2666.

7. For projects other than the purchase (includes new construction) or rehabilitation of a single family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor.

8. Is the project being funded by a Renaissance Fund Organization? Yes No

If yes, describe the type and amount of financing and name of the Renaissance Fund Organization.

9. Provide the estimated state and local tax benefit to the taxpayer for five years (applies to all projects).

Total State tax benefit for five years \$ _____

Total Property tax benefit for five years \$ _____

Total Non-participating owner tax credit \$ _____

Is the entity is subject to the financial institution tax (N.D.C.C. § 57.35.3)? Yes No
If yes, total State tax benefit for 5 years \$ _____

10. Zone Authority and City Documentation:

Date of approval or conditional approval ____/____/____

Provide a copy of minutes or other supporting documentation that indicates the formal approval by the approving entity.

11. Identify from the Development Plan the specific criteria used to approve the project

12. Evidence that the taxpayer is current on state taxes. (Taxpayers can contact the Office of State Tax Commissioner to receive a Certificate of Good Standing. This request must indicate that it is for a Renaissance Zone Project.) See Appendix E.

Letter of Good Standing Attached? Yes No

13. Expected date of occupancy ____/____/____

NOTE: The DCS reserves the right to reject a zone-approved project or to continue negotiating its approval. When a project is approved by the DCS, the local zone authority will be notified in writing.

If after a project is approved and the property changes hands or a replacement project is approved during the five year exemption period, the DCS does not need to approve the transfer or the replacement project. The zone authority, however, must notify the DCS of the change and provide the applicable information about the new homeowners, business, and/or investor. The zone authority must also notify the DCS if any other change occurs in the status of the business or investor tax would affect the exemption approved.

Once the project is completed, DCS must be informed by email, Fax or letter of the exact date of completion, and project number before the final letter of approval can be issued.

On historical renovations/rehabilitations documentation from the Historical Society approving the final restorations must be submitted to DCS prior a final letter of approval can be issued.

Signature

Date



REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING OR STATE TAX CLEARANCE RECORD
 OFFICE OF STATE TAX COMMISSIONER
 SFN 28220 (09-2017)

ND Tax Department Use Only

- Approved
 Not approved

Part 1 - Type of request

This is a request for a: *(Check applicable box)*

- A. Renaissance zone certificate of good standing (N.D.C.C. § 40-63-11)
 B. State tax clearance record for local tax incentive other than a renaissance zone incentive (N.D.C.C. § 57-01-15.1)

Part 2 - Taxpayer information

| | | | |
|---|------|--|--------------------------|
| Legal name of taxpayer <i>(If a sole proprietorship, enter name of individual who owns the business.)</i> | | | |
| Trade or doing business as name, if different from legal name above | | | |
| Current mailing address | City | State | ZIP Code |
| Type of entity | | <input type="checkbox"/> Limited liability company <i>(filing as a partnership)</i> <input type="checkbox"/> Limited liability company <i>(filing as an S corporation)</i> <input type="checkbox"/> Limited liability company <i>(treated as a disregarded entity) - Identify owner below:</i> Owner's name: _____ Owner's social security number or FEIN: _____ <input type="checkbox"/> Other <i>(Identify)</i> _____ | |
| <input type="checkbox"/> Individual <i>(or sole proprietorship)</i> <input type="checkbox"/> Regular (C) corporation <input type="checkbox"/> Partnership <i>(all types)</i> <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Estate or trust | | | |
| Social security number <i>(of individual or owner of sole proprietorship)</i> | | Federal employer identification number (FEIN) <i>(If a sole proprietorship, enter FEIN if it has one)</i> | |
| Is taxpayer a newly created business this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If taxpayer is a business, what is the principal business activity? _____ | | | |
| Did taxpayer file a North Dakota income tax return for the most recent tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If a newly created business this year, skip this question.)</i> | | | |
| If no, explain _____ | | | |
| Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, explain _____ | | | |
| Does (or will) taxpayer have employees whose wages are subject to North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, has taxpayer registered for North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, explain _____ | | | |
| Taxpayer's signature | | | Date |
| Printed name of taxpayer | | | Contact Telephone Number |

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15 and 57-38-42, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Mail request to: Individual Income Tax Section
 Attn: Supervisor
 Office of State Tax Commissioner
 600 E. Boulevard Ave.
 Bismarck ND 58505-0599

Or fax request to: 701.328.1942

Important: The renaissance zone certificate of good standing or state tax clearance record will only be sent to the taxpayer or to the taxpayer's designated representative shown on a North Dakota Form 500 attached to this form.



BUSINESS INCENTIVE AGREEMENT
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 SFN 59686 (04/2012)

The RECIPIENT specified below has been approved to receive a business incentive from the state of North Dakota. Therefore, in fulfillment of the requirements of North Dakota Century Code § 54-60.1-03, the grantor of the business incentive (**GRANTOR**) and the entity to receive the business incentive (**RECIPIENT**) must enter into a **Business Incentive Agreement**. This Business Incentive Agreement provides project data and specifies the goals the RECIPIENT has agreed to meet in order to receive the state business incentive.

Should the value of this incentive be less than \$25,000, and should the RECIPIENT receive no additional incentives to bring the total to \$25,000 or more within one year, the reporting requirements outlined in North Dakota Century Code § 54 -60.1-05, and in this agreement, will not go into effect.

Grantor

| | | | |
|-----------------|--------------|-------|----------|
| Name of GRANTOR | On Behalf Of | | |
| Address | City | State | Zip Code |

Recipient

| | | | |
|---|---------------|-------|----------|
| Name of RECIPIENT Business | Also known as | | |
| Mailing Address | City | State | Zip Code |
| Street Address | City | State | Zip Code |
| Main Contact Person | Email Address | | |
| Business Classification of RECIPIENT (3 digit NAICS code) | | | |

Location of RECIPIENT prior to receiving this business incentive (if different from above)

| | | | |
|--------------------------------------|------|-------|----------|
| Street Address | City | State | Zip Code |
| Parent Company of RECIPIENT (if any) | | | |
| Street Address | City | State | Zip Code |

Project Information

| | | | |
|---|-------------|-----------------|--------------|
| (For office use only) Project Number | File Number | Incentive Value | Benefit Date |
| Incentive Type | | | |
| Incentive Description | | | |
| Is this incentive tax increment financing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, describe the type of district: | | | |
| Project Description: | | | |

Public Purpose (check only one)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Assisting community development |
| <input type="checkbox"/> | Increasing tax base |
| <input type="checkbox"/> | Directly creating employment opportunities |
| <input type="checkbox"/> | Indirectly creating employment opportunities through increased economic activity |
| <input type="checkbox"/> | Job Retention (only in cases where job loss is specific and demonstrable) |

Current Employment, Wages, Benefits and Compensation

| | | |
|-----------------------------------|---|---|
| Current Number of jobs (FTE's): | FTE Definition: For our reporting purposes, full time equivalent employees work 32 hours per week or greater. The exception is when a single position is filled by two people. In this instance each person needs to work 20 hours per week or greater to be considered an FTE. Please round total job numbers to the nearest half FTE (0.5 FTE) . | |
| Average Hourly Wage | Value of Average Benefits Per hour | Average Hourly Compensation (Wages plus benefits) |
| <input type="checkbox"/> Seasonal | Explain | |

* If this is a **new** business, check here and please enter 0 for jobs, wages, benefits and compensation. If this is an existing business with employees, please enter information that reflects your current status with regard to jobs, wages, benefits and compensation.

Annual Job Verification Contact

| | | |
|------|-------|-------|
| Name | Email | Phone |
|------|-------|-------|

Goal Information

| | | |
|---|---|---|
| In exchange for the incentive provided by the GRANTOR, the RECIPIENT agrees to, within 2 years, (check only one) <input type="checkbox"/> Create Jobs <input type="checkbox"/> Retain Jobs <input type="checkbox"/> Neither create nor retain jobs** | | in (Location) |
| Number of jobs (FTE's) to be created or retained: | FTE Definition: For our reporting purposes, full time equivalent employees work 32 hours per week or greater. The exception is when a single position is filled by two people. In this instance each person needs to work 20 hours per week or greater to be considered an FTE. Please round total job numbers to the nearest half FTE (0.5 FTE) . | |
| Average Hourly Wage | Value of Average Benefits Per hour | Average Hourly Compensation (Wages plus benefits) |

**If 'neither' is check marked, please enter 0 for number of jobs, wages, etc. Even RECIPIENTS with no job goals must file recipient reports as described on page 3 of this document. Any increase in jobs, wages, benefits or total compensation will be reported as a bonus above and beyond project goals.

Business Owners or Shareholders

List the names and addresses of any individuals or shareholders owning twenty percent (20%) or more of this business.

| Owner or Shareholder | Mailing Address | City | State | Zip |
|----------------------|-----------------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

In addition to meeting the goals outlined in this document, the RECIPIENT agrees to the following terms as specified by N.D.C.C. §54-60.1:

1. The RECIPIENT shall continue operation in the jurisdiction in which the business incentive is used for five years or more after the benefit date.
2. RECIPIENT reports requesting current job, wage and benefit information will be mailed to the RECIPIENT by the GRANTOR. The RECIPIENT shall complete, sign and return this annual recipient report to the GRANTOR on or before March 1 of each year for two years or until the goals specified in the Business Incentive Agreement have been met, whichever is later.

 If no report is received by March 8th, the GRANTOR shall mail the RECIPIENT a warning letter. The RECIPIENT then has 14 days from the postmarked date of that warning letter to file a report. If the recipient report is still not received, the RECIPIENT agrees to pay \$100 to the GRANTOR for each subsequent day until the report is filed. The maximum penalty under this section may not exceed one thousand dollars (\$1,000).
3. If, after 2 years, the job and compensation goals listed in this document are not met, the RECIPIENT shall continue to provide recipient reports to the state grantor until the incentive is repaid. At a minimum, a recipient that fails to meet business incentive agreement goals shall pay back the value of the incentive to the GRANTOR prorated to reflect any partial fulfillment of the job and compensation goals. There is an exception to this financial obligation for any unmet goals that result from an act of God or terrorism.
4. This Business Incentive Agreement shall only be modified or extended by the GRANTOR pursuant to N.D.C.C. §54-60.1-04.
5. If the terms of this Business Incentive Agreement are not met, RECIPIENT shall not receive a business incentive from any GRANTOR for a period of five years from the date of failure or until RECIPIENT satisfies its repayment obligation.

By signing this document, RECIPIENT agrees to the terms noted herein, verifies that it has not failed to meet the terms of any business incentive agreement in the last five years and confirms that it has disclosed, in Attachment "A" of this agreement, all additional financial assistance received from state or political subdivision GRANTORS for this project.

| GRANTOR | RECIPIENT |
|----------------------|----------------------|
| Authorized Signature | Authorized Signature |
| Title | Title |
| Date | Date |

ATTACHMENT "A"

RECIPIENT verifies it has received additional financial assistance from state or political subdivision GRANTORS from the following listed entities for this project since its inception. A listing of incentives from past projects (i.e. past expansions) is not required.

| | | |
|------------------------------|---------------------|-------------------|
| GRANTOR | | On Behalf Of |
| Benefit/Pending Benefit Date | Value of Assistance | Type of Incentive |
| Description of Assistance | | |

| | | |
|------------------------------|---------------------|-------------------|
| GRANTOR | | On Behalf Of |
| Benefit/Pending Benefit Date | Value of Assistance | Type of Incentive |
| Description of Assistance | | |

| | | |
|------------------------------|---------------------|-------------------|
| GRANTOR | | On Behalf Of |
| Benefit/Pending Benefit Date | Value of Assistance | Type of Incentive |
| Description of Assistance | | |

| | | |
|------------------------------|---------------------|-------------------|
| GRANTOR | | On Behalf Of |
| Benefit/Pending Benefit Date | Value of Assistance | Type of Incentive |
| Description of Assistance | | |

| | | |
|------------------------------|---------------------|-------------------|
| GRANTOR | | On Behalf Of |
| Benefit/Pending Benefit Date | Value of Assistance | Type of Incentive |
| Description of Assistance | | |



REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING OR STATE TAX CLEARANCE RECORD
 OFFICE OF STATE TAX COMMISSIONER
 SFN 28220 (09-2017)

| | |
|-----------------------------------|--------------|
| ND Tax Department Use Only | |
| <input type="checkbox"/> | Approved |
| <input type="checkbox"/> | Not approved |

Part 1 - Type of request

This is a request for a: *(Check applicable box)*

A. Renaissance zone certificate of good standing (N.D.C.C. § 40-63-11)

B. State tax clearance record for local tax incentive other than a renaissance zone incentive (N.D.C.C. § 57-01-15.1)

Part 2 - Taxpayer information

| | | | |
|---|--|--|--------------------------|
| Legal name of taxpayer <i>(If a sole proprietorship, enter name of individual who owns the business.)</i> | | | |
| Trade or doing business as name, if different from legal name above | | | |
| Current mailing address | | City | State |
| ZIP Code | | | |
| Type of entity | | <input type="checkbox"/> Limited liability company <i>(filing as a partnership)</i> <input type="checkbox"/> Limited liability company <i>(filing as an S corporation)</i> <input type="checkbox"/> Limited liability company <i>(treated as a disregarded entity) - Identify owner below:</i> Owner's name: _____ Owner's social security number or FEIN: _____ <input type="checkbox"/> Other <i>(Identify)</i> _____ | |
| <input type="checkbox"/> Individual <i>(or sole proprietorship)</i> <input type="checkbox"/> Regular (C) corporation <input type="checkbox"/> Partnership <i>(all types)</i> <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Estate or trust | | | |
| Social security number <i>(of individual or owner of sole proprietorship)</i> | | Federal employer identification number (FEIN) <i>(If a sole proprietorship, enter FEIN if it has one)</i> | |
| Is taxpayer a newly created business this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If taxpayer is a business, what is the principal business activity? _____ | | | |
| Did taxpayer file a North Dakota income tax return for the most recent tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If a newly created business this year, skip this question.)</i> | | | |
| If no, explain _____ | | | |
| Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, explain _____ | | | |
| Does (or will) taxpayer have employees whose wages are subject to North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, has taxpayer registered for North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, explain _____ | | | |
| Taxpayer's signature | | | Date |
| Printed name of taxpayer | | | Contact Telephone Number |

PRIVACY ACT NOTIFICATION

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Mail request to: Individual Income Tax Section
 Attn: Supervisor
 Office of State Tax Commissioner
 600 E. Boulevard Ave.
 Bismarck ND 58505-0599

Or fax request to: 701.328.1942

Important: The renaissance zone certificate of good standing or state tax clearance record will only be sent to the taxpayer or to the taxpayer's designated representative shown on a North Dakota Form 500 attached to this form.