

**CHARTER TOWNSHIP OF CLINTON**  
**TOOL & DIE RECOVERY ZONE APPLICATION**  
*Pursuant to MCL 127.2687 (2)*  
**POLICY**

1. An original and one (1) copy of the application shall be submitted to the Charter Township of Clinton Clerk, accompanied by an application fee of \$1,500.00 made payable to “Clinton Township Treasurer”. The Clerk shall refer the application to the Charter Township of Clinton Assessing Dept. for review and recommendation to the Economic Development Corporation (EDC). The Assessing Dept. shall complete their review within 14 days of receipt of said Application and submit the request to the EDC. ***In the event the applicant does not qualify for exemption for any reason, the applicant may be refunded, upon written request, within 60 days of denial, one-third of the \$1,500 application fee, amounting to \$500.00.***
2. Upon request from the Economic Development Corporation, the Township Clerk will place the request for Resolution to participate in the Tool & Die Recovery Zone on the next available regular Township Board Meeting agenda.
3. The initial filing fee of \$1,500.00 is subject to adjustment under the Charter Township of Clinton Fee Ordinance Schedule.
4. All real and personal property taxes must be current.
5. All Township Water and Sewer bills must be current.
6. The Township Board may request any additional information it feels necessary.
7. Failure to provide any requested information may result in a denial of the requested Resolution.
8. The Township Board **may** deny a request for Resolution if the applicant has an existing Industrial Facility Tax Exemption in force within the Township.
9. If the application is an existing tool & die company, a history of timely filed Personal Property Statements must be on file with the Department of Assessing.

The Township Board may waive all or any portion of this policy for any reason it deems appropriate.

The Township Board does not guarantee a Resolution of approval.

**CHARTER TOWNSHIP OF CLINTON  
APPLICATION FOR TOWNSHIP BOARD RESOLUTION  
TOOL & DIE RECOVERY ZONE**

Name of Applicant (Business): \_\_\_\_\_

Property/Location Address: \_\_\_\_\_

Parcel Identification No. : \_\_\_\_\_

Owner Name & Home Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Is this an existing tool & die business within Clinton Twp.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long has the business been location in Clinton Twp.? \_\_\_\_\_

If not presently in Clinton Twp., address of current business location: \_\_\_\_\_

\_\_\_\_\_

Which of the following is your NAICS CODE:     333511 \_\_\_\_\_  
  333512 \_\_\_\_\_  
  333513 \_\_\_\_\_  
  333514 \_\_\_\_\_  
  333515 \_\_\_\_\_  
  332997 \_\_\_\_\_

Number of exemption years you are requesting: \_\_\_\_\_

Has the business been accepted into an existing collaborative? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of collaborative: \_\_\_\_\_

How many employees do you have? Full Time \_\_\_\_\_ Part-Time/Temporary \_\_\_\_\_

If approved by the State and accepted into a collaborative, will you be adding new employees?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many employees will be added? \_\_\_\_\_

Are your real & personal property taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your Township water and sewer bills current? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any Industrial Facility Certificates? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the Certificate No. \_\_\_\_\_ Expiration

Date: \_\_\_\_\_ Certificate No. \_\_\_\_\_ Expiration

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

Owner Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Please attach a signed copy of FORM B from the State Application Package**

**NOTE: The above requested information will be used by the Township Board of Trustees to assist in determining approval or denial of a Resolution for Tool & Die Recovery Zone status.**

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**VERIFICATIONS BY CHARTER TOWNSHIP OF CLINTON**  
*Official Use Only*

Existing Business Yes \_\_\_\_\_ No \_\_\_\_\_

Parcel Identification No. Yes \_\_\_\_\_ No \_\_\_\_\_

Proper NAICS Code Yes \_\_\_\_\_ No \_\_\_\_\_

Industrial Facility Certificates Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate No. & Expiration Date Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Form B certifying employee count Yes \_\_\_\_\_ No \_\_\_\_\_

Real & Personal Property Taxes current Yes \_\_\_\_\_ No \_\_\_\_\_

Water & Sewer Bills current Yes \_\_\_\_\_ No \_\_\_\_\_

Personal Property Statements filed timely Yes \_\_\_\_\_ No \_\_\_\_\_

## TOOL AND DIE RECOVERY ZONE POINT AWARD GUIDE

ITEM		TOTAL POINTS
LOCATION within Township		
- North of Metro Parkway	1 Point	_____
- South of Metro Parkway	2 Points	_____
APPEARANCE of subject building		
- Poor	0 Point	_____
- Good	1 Point	_____
TIME located within Township		
- 1 to 3 years	1 Point	_____
- 3+ to 5 years	2 Points	_____
- 5+ years	3 Points	_____
# of EXISTING EMPLOYEES		
- 1 to 10 employees	1 Point	_____
- 11 to 25 employees	2 Points	_____
- 26+ employees	3 Points	_____
ANTICIPATED NEW EMPLOYEES		
- 1 to 3 employees	1 Point	_____
- 4 to 6 employees	2 Points	_____
- 7+ employees	3 Points	_____
HISTORY (Property Taxes, Twp. Utility Bills, Personal Property forms)		
- Late payments &/or late form filing	0 Point	_____
- Good payment & filing record	2 Points	_____
- Water & sewer bills current	1 Point	_____
TOTAL POINTS EARNED		_____ 0
<b>TOTAL POINTS RECOMMENDED</b>		_____

\*\*Each point equals 1 year of recommendation for abatement

**The Township Board of Trustees reserves the right to adjust the point award recommended by the Department of Assessing.**

**#OF YEARS APPROVED BY TWP BOARD OF TRUSTEES** \_\_\_\_\_

**DATE RESOLUTION/YEARS APPROVED** \_\_\_\_\_