



City of Bunnell, Florida

Agenda Item No. H.1.

Document Date: 11/6/2024 Amount:
Department: City Manager Account #:
Subject: Request Approval for Business Incentive Application for Project Pizza Ninja's
Agenda Section: New Business:
Goal/Priority: Increase Economic Base

ATTACHMENTS:

Description	Type
Business Incentive Application for Pizza Ninja's	Cover Memo

Summary/Highlights:

The City of Bunnell adopted Resolution 2019-23 consistent with Section 166.021(8) Florida Statutes to implement a City of Bunnell Business Incentive Program, for the purpose of providing economic development grants for private enterprises which meet the criteria established under the Resolution.

Background:

Project Pizza Ninja's has submitted an application requesting a Business Incentive Grant for New Business.

The Applicant will build 1 building totaling 9,936 square feet located at 3245 Steel Rail Dr. The business is an indoor playground with a limited pizza restaurant and 2 party rooms. The estimated capital investment is \$2,369,000.00

The applicant scored 16 points under the new industry category.

The project is eligible for 75% of four (4) years of ad valorem and 50% of four (4) years of tangible personal property incentives in the total amount of \$56,358.51 to be paid out over 7 years in the amount of \$8,051.22 per year based on annual performance. The applicant will have 9 new employees and with an average wage of \$31,000 + benefits.

Staff Recommendation:

Staff recommends approval for Business Incentive grant to Pizza Ninja's, in the total amount

\$56,358.51 in 7 equal annual payments of \$8,051.22 based on annual performance.

City Attorney Review:

Finance Department Review/Recommendation:

City Manager Review/Recommendation:

Approved

ESTIMATE OF ECONOMIC DEVELOPMENT
GRANT CALCULATION

Project Pizza Ninja's

Calculations based on City

Category: New Business

POINTS AWARDED

Target Industry: Inground Playground	2
Capital Investment: \$ 2,369,000	4
Facility Size: 9,936 (9,936 new)	2
Job Creation: 9 New Jobs	2
Wages: Average wage \$31,000	1
CRA	0
City Resident:	
Proximity to Utilities:	5
Total Points	16

The applicant scored 21 points under the New Industry Category. This project is eligible for 75% of four (4) years of ad valorem and 50% of four (4) years of tangible personal property incentives in the Total Amt. of \$113,002.50 to be paid out over 7 years in the amount of \$16,143.21 based on annual performance. And expedited permitting.

Total Value of Capital Improvements	\$2,369,000.00
Multiplied by City Millage rate	0.00793
Annual Ad Valorem Tax (general city portion)	\$18,786.17
75% Annual Ad Valorem Tax(gen. city portion)	0.75
Total Estimated Rebate Per Year	\$14,089.63
Multiplied by # Eligible Years	4
Ad Valorem Tax (general city portion) Estimate =	\$56,358.51

Total Estimated Value of New Tangible Assets	
Multiplied by City Millage rate	0.00793
Annual new tangible business personal property tax (general city portion)	\$0.00
50% Annual new tangible business personal property tax(gen. city portion)	0.5
Total Estimated Rebate Per Year	0
Multiplied by # Eligible Years	4
Tangible Business Personal Property Tax (general city portion)	\$0.00

REBATE SCHEDULE & PAYOUT:

Total Maximum Possible Incentive:	\$56,358.51
Rebate will consist of 7 annual installments of:	\$8,051.22



APPLICATION
Business Incentive Program

1. BUSINESS INFORMATION

A. Legal name of the Applicant:

B. Name of Ultimate Parent Company (if applicable):

City

State/Province

Country

C. List each Principal Executive Officer, director (or any person who performs a similar function regardless of title) of the Applicant and the Ultimate Parent Company (if applicable), and any person or entity that Controls the Applicant. Attach additional sheets if necessary.

<u>Name</u>	<u>Title or Position¹</u>	<u>Percent of Ownership</u>
Jeffrey Kriesen	Owner	50%
Denis Gotlib	Owner	50%

D. Applicant's Federal Employer Identification Number:

(Please complete either the substitute W-9 Form at the end of this application or attach a completed IRS Form W-9.) _____

E. Applicant's Florida Sales Tax Registration Number (if applicable):

F. Total number of new jobs and/or saved jobs (on a Full-Time Equivalent Job Basis).

9-10

G. NEW BUSINESS ONLY: Is the Applicant an existing resident of Bunnell?

Yes No

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Pizza Escape LLC	
2	Business name/disregarded entity name, if different from above.	
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
5	Address (number, street, and apt. or suite no.). See instructions. 57 Seattle trail	Requester's name and address (optional)
6	City, state, and ZIP code Palm Coast, FL 32164	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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OR										
Employer identification number										
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9	2	-	3	8	5	9	6	2	8	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 11/05/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

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2	Business name/disregarded entity name, if different from above.	
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
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5	Address (number, street, and apt. or suite no.). See instructions. 1224 Palm Coast pkwy SW	Requester's name and address (optional)
6	City, state, and ZIP code Palm Coast, FL 32137	
7	List account number(s) here (optional)	

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Social security number	
[] [] [] - [] [] [] - [] [] [] []	
or	
Employer identification number	
45 - 5634560	

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Sign Here Signature of U.S. person

Date **11/05/2024**

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2. PROJECT OVERVIEW

A. Which of the following best describes the Applicant:

- New business to Bunnell
- Existing Bunnell business creating and/or retaining jobs
- Speculative Space

B. How many employees of the Applicant, the Ultimate Parent Company and its Subsidiaries (other than the Applicant) will be transferred from other locations in connection with this Project (on a Full-Time Equivalent Job Basis)?

C. Please describe the Project, including the specific business activity(ies) of the Project:
Indoor playground with limited pizza restaurant w/ 2 party rooms

D. What is the anticipated commencement date of the Project?
November 2025

E. Break down of the Project's primary business activity(ies) and the corresponding wages:

Applicant's Activities	6 Digit NAICS Code(s)	Project Function (total = 100%)	Average Annualized Wage (\$)
<i>Indoor playground</i>	<i>713120</i>	<i>100 %</i>	<i>\$280,000</i>
		%	\$
		%	\$

F. Please provide the address of the proposed permanent location of the Project:

Street Address *3245 Steel Rail dr*
 City *Bunnell* State *FL* Zip Code *32110*

G. Will the Project be located in a current underutilized business zone or CRA.

Yes No

H. Which of the following best describes the location of the Project:

- Regional headquarters If it is a regional headquarters, what region?
- National headquarters
- International headquarters
- Not applicable

I. Please provide an estimate of the percentage of goods or services from this Project that will be sold or delivered to customers outside the City of Bunnell: *25 %*



3. JOB AND WAGE OVERVIEW

- A. How many new Full-Time Equivalent (FTE) Jobs are projected to be created as part of this project? *9-10*
- B. What is the projected annualized average wage (excluding benefits) of the new Full-Time Equivalent Jobs Bunnell jobs created as part of this Project?² *\$ 280,000*
- C. What is the projected annualized average cost to the Applicant of benefits for each new Full-Time Equivalent created as part of this Project? *\$ 600*
- D. Please indicate the benefits that are included in the above calculation (e.g., health insurance, 401(k) contributions, paid vacation and sick leave, etc.)? *paid vacation*

4. CAPITAL INVESTMENT OVERVIEW

- A. Describe the capital investment in connection with the Project in real and personal property (Examples: construction of new facility; remodeling of facility; upgrading, replacing, or buying new equipment.):
- B. Identify whether the Project be located in a/an:
 - Leased space with renovations or build out
 - Newly constructed building(s) on newly acquired land
 - Newly constructed building(s) on previously acquired land
 - Newly acquired existing building(s) with renovations
 - Addition to previously acquired existing building(s)
 - Other (please describe in 4A above)
- C. List the projected capital investment to be made in Bunnell in connection with this Project (by type and year):

Calendar Year :	<i>2022</i>	<i>2024</i>	<i>2025</i>			Total
Land or Building Purchase	<i>\$289,000</i>	\$	\$	\$	\$	<i>\$289,000</i>
Construction / Renovations	\$	<i>\$80,000</i>	<i>\$2,000,000</i>	\$	\$	<i>\$2,080,000</i>
Manufacturing Equipment	\$	\$	\$	\$	\$	\$
R&D Equipment	\$	\$	\$	\$	\$	\$
Other Equipment (computer equipment, office furniture, etc.)	\$	\$	\$	\$	\$	\$
Total Capital Investment	<i>\$289,000</i>	<i>\$80,000</i>	<i>\$2,000,000</i>	\$	\$	<i>\$2,369,000</i>

- D. What is the estimated square footage of the new or expanded facility? *9,936 sq ft*

² All cash payments to the employees (other than reimbursements of business expenses) should be included.
 Revised 11/19 Page 3 of 6



6. DISCLOSURE

A. In the past 10 years, has (1) the Applicant, the Ultimate Parent Company or any of its Subsidiaries, (2) any Principal Executive Officer of the Applicant or the Ultimate Parent Company or (3) any entity that any Principal Executive Officer of the Applicant or the Ultimate Parent Company Controls or Controlled been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign or military court to any Felony or Misdemeanor involving fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery or a conspiracy to commit any of these offenses?

Yes No If yes, explain?

B. Is (1) the Applicant, the Ultimate Parent Company or any of its Subsidiaries, or (2) any Principal Executive Officer of the Applicant or the Ultimate Parent Company or (3) any entity that any Principal Executive Officer of the Applicant or the Ultimate Parent Company Controls (a) the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction or (b) subject to any unsatisfied tax liens in Florida or judgment liens in any jurisdiction in the U.S.?

Yes No If yes, explain?

C. In the past 5 years, has (1) the Applicant, the Ultimate Parent Company or any of its Subsidiaries, (2) any Principal Executive Officer of the Applicant or the Ultimate Parent Company or (3) any entity that any Principal Executive Officer of the Applicant or the Ultimate Parent Company Controls or Controlled (a) been named as a DEFENDANT in any civil litigation or arbitration in any jurisdiction, (b) had an application for license, or a license or its equivalent, to practice any profession or occupation denied, suspended or revoked in any jurisdiction, or (c) been subject to a bankruptcy or insolvency petition in any jurisdiction?

Yes No If yes, explain?



7. CONFIDENTIALITY

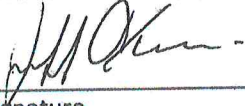
In accordance with Section 288.075 of the Florida Statutes, the Applicant may request that the City of Bunnell maintain the confidentiality of all information regarding this project (including information contained in this application) for the lesser of a 12 month period after the date of this application (which may be extended for an additional 12 months upon request), 6 months after the issuance of the final project order approving the project or until the information is otherwise disclosed.

Please indicate whether the Applicant is requesting confidential treatment of this project in accordance with Section 288.075 of the Florida Statutes. (Does not apply to SDST sales tax exemption applicants.)

Yes No

8. SIGNATURES

The undersigned person hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this Application, that he or she has read this Application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this Application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.

	11/05/2024
<u>Signature</u>	<u>Date</u>
Jeffrey Kriesen	
<u>Name</u>	
Owner	
<u>Title</u>	
Pizza Ninjas / 3245 Holdings LLC / Pizza Escape LLC	
<u>Company</u>	

SUZANNE JOHNSTON Flagler County Tax Collector

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments
2024 Real Estate

TAX YEAR	ACCOUNT NUMBER	ALT KEY	MILLAGE CODE	ESCROW CODE
2024	3411305736000000060	9541	015	

PIZZA NINJAS INC
1224 PALM COAST PKWY
PALM COAST, FL 32137

3245 STEEL RAIL DR
BUNNELL 32110

STEEL RAIL INDUSTRIAL PARK REPLAT MB
37 PG 55 PART LOT 6 2.36 ACRES OR
1901/623 2077/890 (L/E 2395/1890) OR
2854/1164-CD

AD VALOREM TAXES						
TAXING AUTHORITY	TELEPHONE	ASSESSED VALUE	MILLAGE RATE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
FLAGLER COUNTY						
GENERAL FUND	386-313-4008	245,030	7.8695	0	245,030	1,928.26
ESL	386-313-4008	245,030	0.1250	0	245,030	30.63
2015 G O BONDS	386-313-4008	245,030	0.1148	0	245,030	28.13
2009/2016 ESL BONDS	386-313-4008	245,030	0.1250	0	245,030	30.63
FLAGLER COUNTY SCHOOL BOARD						
GENERAL FUND	386-437-7526	245,030	3.1170	0	245,030	763.76
DISCRETIONARY	386-437-7526	245,030	0.7480	0	245,030	183.28
CAP. OUTLAY	386-437-7526	245,030	1.5000	0	245,030	367.55
CITY OF BUNNELL	386-437-7500	245,030	7.9300	0	245,030	1,943.09
EAST FLAGLER MOSQUITO CTRL	386-437-0002	245,030	0.3250	0	245,030	79.63
ST. JOHNS RIVER WATER MGMT	386-329-4500	245,030	0.1793	0	245,030	43.93
FL INLAND NAVIGATION DISTRICT	561-627-3386	245,030	0.0288	0	245,030	7.06
TOTAL MILLAGE		22.0624	TOTAL AD VALOREM TAXES		\$5,405.95	

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	TELEPHONE	RATE	AMOUNT
			TOTAL NON-AD VALOREM TAXES \$0.00
TOTAL COMBINED TAXES AND ASSESSMENTS			\$5,405.95

If Paid By	Nov 30, 2024	Dec 31, 2024	Jan 31, 2025	Feb 28, 2025	Mar 31, 2025
Please Pay	\$5,189.71	\$5,243.77	\$5,297.83	\$5,351.89	\$5,405.95

RETAIN FOR YOUR RECORDS

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments
2024 Real Estate

ACCOUNT NUMBER	ALT KEY
3411305736000000060	9541
PROPERTY ADDRESS	
3245 STEEL RAIL DR BUNNELL 32110	

PIZZA NINJAS INC
1224 PALM COAST PKWY
PALM COAST, FL 32137

Make checks payable to:
Suzanne Johnston
Flagler County Tax Collector
PO Box 846 Bunnell, FL 32110
386-313-4160

Pay online at www.Flaglertax.com

Payments in U.S. funds from a U.S. bank

PAY ONLY ONE AMOUNT	
If Paid By Nov 30, 2024	<input type="checkbox"/> \$5,189.71
If Paid By Dec 31, 2024	<input type="checkbox"/> \$5,243.77
If Paid By Jan 31, 2025	<input type="checkbox"/> \$5,297.83
If Paid By Feb 28, 2025	<input type="checkbox"/> \$5,351.89
If Paid By Mar 31, 2025	<input type="checkbox"/> \$5,405.95

RETURN WITH PAYMENT

DO NOT FOLD, STAPLE, OR MUTILATE

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