

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

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

Total Maximum Possible Incentive:

Rebate will consist of **7 annual** installments of:

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:	

\$56,358.51

\$8,051.22



APPLICATION Business Incentive Program

. Name of Ultimate Parent Company (if a City State/Prov	All and a	Country
List each Principal Executive Officer, directitle) of the Applicant and the Ultimate Controls the Applicant. Attach additional	ector (or any person who performs	
<u>Name</u>	Title or Position ¹	Percent of Ownership
Jeffrey Kriesen	Owner	5090
Denis Gotlib	Owner	5090
Applicant's Federal Employer Identificati ease complete either the <u>substitute W-9 F</u> mpleted IRS Form W- <u>9.)</u> Applicant's Florida Sales Tax Registration Total number of new jobs and/or saved journal of the Applicant	orm at the end of this application Number (if applicable): obs (on a Full-Time Equivalent Job	or attach a Basis). 9-10

Page 1 of 6

Department of the Treasury Internal Revenue Service

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.

Befo	ore you begin. For guidance released to the	information.	send to the IRS.
William Control	ore you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.		and the second s
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the own Pizza Escape LLC	/ner's name on line	1, and enter the business/disregarde
	2 Business name/disregarded entity name, if different from above.	-	
.,			Parketer Committee Committ
<u>ක</u> හ	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.		Philipson and the state of the
son pag	only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Print or type.	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 classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check to box for the tax classification of its owner.		Exempt payee code (if any)
Print fic Inst	Other (see Instructions)		Exemption from Foreign Account Ta Compliance Act (FATCA) reporting code (if any)
Print or type. See Specific Instructions on page.	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax claud you are providing this form to a partnership, trust, or estate in which you have an ownership into this box if you have any foreign partners, owners, or beneficiaries. See instructions	assification, rest, check	(Applies to accounts maintained outside the United States.)
Ø	57 Seattle trail	equester's name an	d address (optional)
1	Palm Coast, FL 32164		
	7 List account number(s) here (optional)	Commence of the Commence of th	
Part			
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residen	p withholding. For individuals, this is generally your social security number (SSN). However, for a allen, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> ter.		
		or	
	If the account is in more than one name, see the instructions for line 1. See also What Name and or To Give the Requester for guidelines on whose number to enter.	92 -	3859628
Part			3039628
Inder p	penalties of perjury, I certify that:	-	
l. The n 2. I am r Service no lor	number shown on this form is my correct taxpayer identification number (or I am waiting for a nument subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have ice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest or diverger subject to backup withholding; and	mber to be issue re not been notifi	d to me); and ed by the Internal Revenue
. I am e	a U.S. citizen or other U.S. person (defined below): and		into has houlled me that I am
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ecause caulsitic	e you have failed to report all interest and dividends on your tax return. For real estate transactions, it	e currently subjection 2 does not an	whe Communication is
ign Iere	Signature of U.S. person	neut my. See the	instructions for Part II, later.
•	B CAUS	11/05/2021	+
	eral Instructions New line 3b has been a	dded to this form	. A flow-through entity is
ection r eted.			at it has direct or indirect

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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.

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

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

(Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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Print or type. See Specific Instructions on page	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked and you are providing this form to a partnership, trust, or estate in this box if you have any foreign partners, owners, or beneficiaries. Se		classification, terest, check	(Applies to outside	o accounts maintained o the United States.)
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	Palm Coast, FL 32137				
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3. I am	a U.S. citizen or other U.S. person (defined below); and				
4. The I	FATCA code(s) entered on this form (if any) indicating that I am ex	empt from FATCA reporting is	s correct		
because acquisit other th	ation instructions. You must cross out item 2 above if you have be be you have failed to report all interest and dividends on your tax returns or abandonment of secured property, cancellation of debt, contrain interest and dividends, you are not required to sign the certification.	en notified by the IRS that you rn. For real estate transactions,	are currently subj item 2 does not a	apply. For ma	ortgage interest paid.
Sign Here	Signature of U.S. person	Date	11/05/	2024	
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no lo	nger subject to b	ackup withholding	: and	rount of a famoro to	report all interest of	r divide	nds, or (c) th	ne IRS has r	notified n	ne that I am
3. I am	a U.S. citizen or	other U.S. person	(defined below); an	d						
4. Iner	·ATCA code(s) er	tered on this form	(If any) indicating	that I am exempt fro	m FATCA reporting	is com	ect.			
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Sign Here	Signature of U.S. person	MICh	-				/05/20		TO TOT FO	it ii, later.
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2.	PROJECT OVERVIEW			TO SEE LINE PORT				
A.	Which of the following best describes the	Applicant:						
	New business to Bunnell Existing Bunnell business creating and/or retaining jobs Speculative Space							
В.	How many employees of the Applicant, the than the Applicant) will be transferred from Full-Time Equivalent Job Basis)?							
D.	Please describe the Project, including the Indoor Please Please Please What is the anticipated commencement of November 2025 Break down of the Project's primary busin	date of the Project?		, •				
	Applicant's Activities	6 Digit NAICS Code(s)	Project Function (total = 100%)	Average Annualized Wage (\$)				
	Trodoof Rayground	713/20	100 %	\$280000				
	The state of the s	113100	%	\$				
			%	\$				
	F. Please provide the address of the proposed permanent location of the Project: Street Address 3245 Steel Rocil Olk City Burnell State F Zip Code G. Will the Project be located in a current underutilized business zone or CRA. Yes No							
Н.	Which of the following best describes the	location of the Proje	ct:					
	Regional headquarters National headquarters International headquarters Not applicable	If it is a region?	regional headquart	ers, what				
I.	Please provide an estimate of the perceivoid or delivered to customers outside the		rvices from this Pro $\frac{25}{\%}$	ject that will be				



3. JOB AND WAGE OVERVIEW

- A. How many new Full-Time Equivalent (FTE) Jobs are projected to be $\underline{\text{created}}$ as part of this project? 9 0
- 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? \$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? \$ 690
- 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.):

В.	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 la						
		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 <u>in</u> Bunnell in connection with this Project (by type and year):

Calendar Year :	2022	2024	2025		Total
Land or Building Purchase	\$289,000	\$	\$	\$ \$	\$289,000
Construction / Renovations	\$	\$80,000	\$2,000,000	\$ \$	\$2,080,000
Manufacturing Equipment	\$	\$	\$	\$ \$	\$
R&D Equipment	\$	\$	\$	\$ \$	\$
Other Equipment (computer equipment, office furniture,					
etc.)	\$	\$	\$	\$ \$	\$
Total Capital Investment	\$ 289,000	\$ 80 000	52,00000	\$ \$	\$2,369,00

D. What is the estimated square footage of the new or expanded facility? 9,936 Sq. 4+

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

Subsidiaries, (2) any Principal Executive Officer of the Applicant or the Ultimate Parent Co or (3) any entity that any Principal Executive Officer of the Applicant or the Ultimate Company Controls or Controlled been convicted of or pled guilty or nolo contender contest") in a domestic, foreign or military court to any Felony or Misdemeanor involving false statements or omissions, wrongful taking of property, bribery, perjury, forger conspiracy to commit any of these offenses? If yes, Yes		
Executive Officer of the Applicant or the Ultimate Parent Company or (3) any entity the Principal Executive Officer of the Applicant or the Ultimate Parent Company Controls subject of a pending criminal prosecution or governmental enforcement action jurisdiction or (b) subject to any unsatisfied tax liens in Florida or judgment liens jurisdiction in the U.S.? If yes, Yes No * explain? C. In the past 5 years, has (1) the Applicant, the Ultimate Parent Company or any of its Subsice (2) any Principal Executive Officer of the Applicant or the Ultimate Parent Company or entity that any Principal Executive Officer of the Applicant or the Ultimate Parent Company or controls or Controlled (a) been named as a DEFENDANT in any civil litigation or arbitration jurisdiction, (b) had an application for license, or a license or its equivalent, to practic profession or occupation denied, suspended or revoked in any jurisdiction, or (c) been subtankruptcy or insolvency petition in any jurisdiction? If yes,	A.	If yes,
(2) any Principal Executive Officer of the Applicant or the Ultimate Parent Company or entity that any Principal Executive Officer of the Applicant or the Ultimate Parent Co Controls or Controlled (a) been named as a DEFENDANT in any civil litigation or arbitration jurisdiction, (b) had an application for license, or a license or its equivalent, to practi profession or occupation denied, suspended or revoked in any jurisdiction, or (c) been sub a bankruptcy or insolvency petition in any jurisdiction? If yes,	B.	If yes,
	C.	If yes,



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.	SI	G	VA	T	U	R	S

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.

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JUOKin-	11/05/2024
Signature	Date
Jeffrey Kriesen	
Name	
Owner	
Title	
Pizza Ninjas / 3245 Holdings L	_¢/ Pizza Escape LLC
Company	

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						1-1-0-1-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1
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		7-05 ACCES (100 ACCES				
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 Nov 30, 2024 Dec 31, 2024 If Paid By 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 II.S. funds from a II.S. hank

Payments in U.S. funds from a U.S. bank	
PAY ONLY ONE AMOUNT	
If Paid By Nov 30, 2024	
5 ,189.71	KEIOKN WIIT
If Paid By Dec 31, 2024	C
5 ,243.77	2
If Paid By Jan 31, 2025	IA
\$5,297.83	5
If Paid By Feb 28, 2025	7
5 ,351.89	PATMEN
If Paid By Mar 31, 2025	
\$5,405.95	-
DO NOT FOLD STADLE OF MUTILATE	

DO NOT FOLD, STAPLE, OR MUTILAT

