

Town of Riverhead

Industrial Development Agency
Pre-Application Questionnaire



4 West Second St.
Riverhead, NY 11901
631-369-5139

Preliminary Questionnaire

Date: _____

Name and contact information of company requesting assistance:

Is this the only facility in NYS: Yes No?

Other locations in and out of NYS (Please provide addresses, whether facility is leased or owned, and size of facility):

Site specifications needed (include acreage, building size, infrastructure requirements)

If site has already been identified, please provide proposed project address:

Current Real Property Taxes at project location: _____

Is there currently a pilot payment associated with this location:

_____ Yes _____ No

Has the company ever been induced by an IDA elsewhere (outside of Riverhead): _____ Yes _____ No?

If yes, where: _____

Is the company _____ private or _____ publicly owned?

Principals of company:

Type of goods or services currently at the project location:

Percentage of goods exported outside NYS: _____

Please describe proposed project building/site location and/or needs. Please delineate use of space (Sq ft, percentage used for office, warehouse, manufacturing, site size/acres of property):

Company history:

Are there any financing needs? Yes	Amount	No
_____	_____	_____

Proposed capital investment

Acquisition: _____

Construction/Renovation: _____

Machinery/Equipment: _____

Current employment number: _____ in NYS _____ at proposed location

Total Current Payroll: _____

Total projected job creation over the next five years at project location: _____

Is the company considering relocating/expanding outside of NYS? _____ Yes _____ No

Out of Riverhead? _____ Yes _____ No

If yes, what areas have you researched outside of Riverhead?

Have you received incentive proposals from any other areas? If so, what please describe the incentive proposals?

Have you met with any other economic development professionals or organizations regarding this proposal? If so, please provide names:

What is the projected timeline for the project? _____

What type of assistance will you be requesting from the IDA?
(check all that apply)

Site selection: _____

Bond Financing: _____

Sales Tax Exemption: _____

Real Property Tax Abatement: _____

Mortgage Recording Tax Exemption: _____

Other

Assistance: _____

Additional contact information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____