

**TAX INCREMENT FINACING DISTRICT  
MINNEHAH COUNTY, SOUTH DAKOTA**

APPLICANT: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

AUTHORIZED AGENT: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPPORT DOCUMENTATION SUMMITTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE OWNER, APPLICANT, OR AUTHORIZED AGENT, ACKNOWLEDGES: That he / she understands the application process for a TIF; and, that he / she has been advised of the fee requirements and they have been paid on \_\_\_\_\_.

\_\_\_\_\_  
APPLICANT / AGENT SIGNATURE

\_\_\_\_\_  
DATE

DATE / TIME OF:

PRE HEARING CONFERENCE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PLANNING COMMISSION HEARING: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COUNTY COMMISSION HEARING: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Petition No.:	_____
Date:	_____
Filing Fee:	_____
Receipt No:	_____