BILL NO. R-16-07-18

RESOLUTION NO. R-_____

A RESOLUTION approving a Waiver of Noncompliance for a Late-Filed Application for the Economic Revitalization Area Deduction on Personal Property Improvements (Form 103-ERA and Form 103-EL) for 12714 Coldwater Road, (Sedation Dentistry of Fort Wayne) under Confirming Resolution R-35-12

WHEREAS, Common Council has previously designated and declared by Declaratory Resolution and Confirming Resolution property at 12714 Coldwater Road for Sedation Dentistry of Fort Wayne (Confirming Resolutions R-35-12) under Sections 153.13-153.24 of the Municipal Code of the City of Fort Wayne, Indiana, and I.C. 6-1.1-12.1; and

WHEREAS, the original Statement of Benefits and economic revitalization area designation application submitted by sedation Dentistry of Fort Wayne and approved under Confirming Resolution R-35-12 was for $400,000 in personal property improvements; and

WHEREAS, representatives of Sedation Dentistry of Fort Wayne have informed the City of Fort Wayne that their schedule of deduction from assessed valuation personal property in economic revitalization areas (Form 103-ERA) and the equipment list for new additions to ERA deduction personal property in an economic revitalization area (Form 103-EL) for 2016 were not filed in a timely manner; and

WHEREAS, this oversight was an unusual occurrence for Sedation Dentistry of Fort Wayne which has made diligent efforts in good faith to make all required Indiana tax abatement filings on a timely basis; and

WHEREAS, the Common Council finds that Sedation Dentistry of Fort Wayne has fulfilled its pledge to purchase and install new equipment; and

WHEREAS, Sedation Dentistry of Fort Wayne has retained its workforce as reported on the approved statement of benefits forms; and

WHEREAS, Sedation Dentistry of Fort Wayne with Statement of Benefits forms (CF-1/PP) for 2016 were approved by Fort Wayne Common Council on June 28, 2016; and

WHEREAS, the Common Council acknowledges that Sedation Dentistry of Fort Wayne has requested a waiver of non compliance which the Common Council has the power and authority to approve, under I.C. 6-1.1-12.1-9.5 and I.C. 6-1.1-12.1-11.3; and

WHEREAS, the Common Council intends that Sedation Dentistry of Fort Wayne receive the tax abatement benefits to which they would have been entitled had no non compliance event occurred, so long as the waiver of non compliance and the granting of those benefits does not prejudice the City of Fort Wayne; and

WHEREAS, the Common Council has concluded that granting of the ERA deduction for 2016 payable 2017 tax year would not create a strain on the City of Fort Wayne's fiscal budget; and

WHEREAS, I.C. 6-1.1-12.1-9.5 and I.C. 6-1.1-12.1-11.3 permit tax abatement non compliance events such as the untimely filing of deduction application paperwork to be waived; and

WHEREAS, the noncompliance event has been corrected and a public hearing of the Common Council has been held on the waiver.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:

SECTION 1. That, Common Council hereby waives all clerical and technical errors and nonconformities that are waivable under State and local law, including without limitation those errors and nonconformities described in I.C. 6-1.1-12.1-9.5 and I.C. 6-1.1-12.1-11.3.

SECTION 2. As authorized by I.C. 6-1.1-12.1-9.5(d), the Common Council will permit Sedation Dentistry of Fort Wayne to receive their personal property economic revitalization area deductions for 2016 payable 2017 under Confirming Resolution R-35-12. The Allen County Assessor shall be supplied with a copy of this Resolution, upon passage, and instructed to apply the deduction amounts. This resolution shall have no effect on the assessed value or taxes payable with respect to Sedation Dentistry of Fort Wayne's real property.

SECTION 3. That, this Resolution shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

_____
Member of Council

APPROVED AS TO FORM AND LEGALITY

_____
Carol Helton, City Attorney

SEDATION
DENTISTRY
Dr. David Painter & Associates PC

Fort Wayne Community Development Division
Attn: Elissa McGauley, AICP, Economic Development Specialist
200 East Berry St.
Suite #320
Fort Wayne, IN 46802

5-9-2016

Elissa,

Enclosed is the requested tax phase in paperwork. Please review it and let me know if there is anything in need of revision.

Thank you for your assistance.

Yours,

David Painter DDS

Thanks!

Indiana Sedation Permit Holder

Fellow of the Misch Implant Institute

Fellow of the International Congress of Oral Implantologists

Fellow of the Pierre Fauchard Academy

Fellow of the Academy of General Dentistry

CITY

CITY OF FT WAYNE

MAY 16 2016

COMMUNITY DEVL

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R3 / 11-15)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

INSTRUCTIONS:
1. *Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
2. *This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	County
Sedation Dentistry of Fort Wayne	Allen
Address of taxpayer *(number and street, city, state, and ZIP code)*	**DLGF taxing district number**
12714 Coldwater Road, Fort Wayne, IN 46845	Perry 057
Name of contact person	**Telephone number**
Dr. David Painter	(260) 637-8687

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body	Resolution number	Estimated start date *(month, day, year)*
Fort Wayne Common Council	R-35-12	11/01/2012
Location of property		Actual start date *(month, day, year)*
12714 Coldwater Road, Fort Wayne, IN 46845		5/01/2013
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.		Estimated completion date *(month, day, year)*
Dental Equipment; Imaging Equipment; Business Systems; Software; Office Equipment; Furniture; Computer Systems4		1/15/2013
		Actual completion date *(month, day, year)*
		5/01/2013

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		
Salaries		
Number of employees retained		
Salaries		
Number of additional employees	4.00	10.00
Salaries	160,300.00	247,819.55

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values before project								
Plus: Values of proposed project							400,000.00	400,000.00
Less: Values of any property being replaced								
Net values upon completion of project							400,000.00	400,000.00
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values before project								
Plus: Values of proposed project							471,956.00	
Less: Values of any property being replaced								
Net values upon completion of project							471,956.00	

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted		
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Title	Date signed *(month, day, year)*
	DDS	5-9-16

PUBLIC BENEFIT INFORMATION ANNUAL UPDATE

EMPLOYMENT INFORMATION FOR FACILITY TO BE DESIGNATED

ESTIMATE OF EMPLOYEES AND PAYROLL FOR FORT WAYNE
FACILITY REQUESTING ECONOMIC REVITALIZATION AREA DESIGNATION

Please be specific on job descriptions. To fill out information on occupation and occupation code, use data available through Occupation Employment Statistics for Fort Wayne
http:www.bls.gov/oes/current/oes_23060.htm

Current Full-Time Employment on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll

Current Full-Time Employment

Occupation	Occupation Code	Number of Jobs	Total Payroll

Retained Full-Time Employment on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll

Retained Full-Time Employment

Occupation	Occupation Code	Number of Jobs	Total Payroll

Additional Full-Time Employment on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll
Hygienist	29-2021	1	51893
Assistant	31-9091	2	35113
Front Desk	43-4171	4	91185
Dentist	291021	1	48750

Additional Full-Time Employment

Occupation	Occupation Code	Number of Jobs	Total Payroll

Current Part-Time or Temporary Jobs on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll

Current Part-Time or Temporary Jobs

Occupation	Occupation Code	Number of Jobs	Total Payroll

Retained Part-Time or Temporary Jobs on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll

Retained Part-Time or Temporary Jobs

Occupation	Occupation Code	Number of Jobs	Total Payroll

Additional Part-Time or Temporary Jobs on Approved Statement of Benefits Form/s

Occupation	Occupation Code	Number of Jobs	Total Payroll
Maintenance	49-9071	1	8333
Computer Tech	15-1151	1	12000
Front Desk	434171	1	543

Additional Part-Time or Temporary Jobs

Occupation	Occupation Code	Number of Jobs	Total Payroll

Please confirm whether the existing jobs are provided the listed benefits. Check the boxes below:

☐ Pension Plan ☐ Major Medical Plan ☐ Disability Insurance

☐ Tuition Reimbursement ☐ Life Insurance ☐ Dental Insurance

List any benefits not mentioned above:

2016 CITY

CITY OF FT WAYNE

MAY 16 2016

COMMUNITY DEVL

COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20____ PAY 20____
FORM CF-1 / Real Property

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. *This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.*
2. *Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).*
3. *This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.*
4. *This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))*
5. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	County
3rd Well LLC (DBA - Sedation Dentistry of Fort Wayne)	Allen
Address of taxpayer *(number and street, city, state, and ZIP code)*	**DLGF taxing district number**
12714 Coldwater Road Suite ZZZ, Fort Wayne, IN 46845	91
Name of contact person	**Telephone number**
David Painter	(260) 637-8687

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of designating body	Resolution number	Estimated start date *(month, day, year)*
FORT WAYNE COMMON COUNCIL	R-35-12	7-1-12
Location of property		Actual start date *(month, day, year)*
12714 Coldwater Road Suite ZZZ, Fort Wayne, IN 46845		10-1-12
Description of real property improvements		Estimated completion date *(month, day, year)*
New Dental Office		121-1-12
		Actual completion date *(month, day, year)*
		5-1-12

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		
Salaries		
Number of employees retained		
Salaries		
Number of additional employees	4	10
Salaries	160,300	247,819.55

SECTION 4 COST AND VALUES

COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project	205000	196000
Plus: Values of proposed project	1300000	1300000
Less: Values of any property being replaced		
Net values upon completion of project	1505000	1496000
ACTUAL	COST	ASSESSED VALUE
Values before project	205000	1964000
Plus: Values of proposed project	1300000	500500
Less: Values of any property being replaced		
Net values upon completion of project	1505000	696900

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted		
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Title	Date signed *(month, day, year)*
	Own DDS	5-9-16