

**INDIAN RIVER COUNTY
ECONOMIC DEVELOPMENT AD VALOREM
TAX ABATEMENT APPLICATION**



To be filed in the Community Development Department no later than March 1 of the year the exemption is desired to take effect.

I. APPLICANT INFORMATION:			
Business Name Diamond Drinks of Florida Inc		Business Owners Name Anthony Cenimo Jr	
Address 600 Railway Street	City Williamsport	State PA	Zip Code 17701
Phone Number 570-326-2003	Email acenimo@sus-dd.com	Website susconplastics.com	
Contact Person Dave Dawes		Title Controller	
<ul style="list-style-type: none"> Letter of authorization from corporate officer if applicant is other than corporate officer (if applicable, attach to completed application) 			
Business Unit's Federal Employer Identification Number:			
Business Unit's Unemployment Compensation Number:			
Which of the following best describes this business:			
<input checked="" type="checkbox"/> New business to Indian River County			
<input type="checkbox"/> Existing business in Indian River County creating new jobs			
If an expansion, how many jobs are currently in the business? _____			

II. PROJECT SITE LOCATION:			
7355 9 th St SW	Vero Beach	FL	32968
Address	City	State	Zip Code
Property Parcel Number(s) 333930000010040000010			
<i>Current Location (if different):</i>			
Address	City	State	Zip Code
Property Parcel Number(s)			
<ul style="list-style-type: none"> Legal description and survey sketch of real property (attach to completed application) Verified statement (separate letter) naming every individual or entity having legal or equitable ownership interest in the real property (attach to completed application) 			

1801 27th Street, Vero Beach FL 32960



III. BUSINESS DESCRIPTION:

- Business category [check one]
 - Manufacturing (minimum 10 new jobs)
 - New corporate office (minimum 50 new jobs)
 - Business with qualifying sales factor (see Appendix F; minimum 25 new jobs)

- Give a full description of the primary business activities/functions:

This location will be the host to agricultural activities (lemon orchard), the manufacturing of plastic bottles, and mixing/filling of fruit flavored juices.

- If qualifying as a new corporate office, provide date of incorporation in Florida: 11/30/20
- If qualifying as a sales factor business, provide sales factor data and calculation (**attach to completed application**)

List the NAICS Code(s) for the business:

Note: NAICS Codes for business types can be found at the following website:
www.census.gov/epcd/naics/ 32160, 312112

Will the site be a dedicated headquarters office (regional, national, or international)? No

Has the State of Florida ad valorem tax exemption form been filed? (see Appendix B) Yes No
If yes, please attach completed state form. If no, please attach DRAFT of completed state form.

IV. JOB CREATION INFORMATION:

Anticipated number of new full-time jobs that will be created by the business in Indian River County
 ___ 50 ___

Salary range of new full-time jobs identified in the previous question: \$33,000-\$65,000
 (PLEASE LIST ALL NEW POSITIONS AND SALARIES ON APPENDIX A OF APPLICATION)



Phase	Number of net new full-time equivalent jobs created in the business	Date by which jobs will be created	Average Annual Wages (\$)
I	10	March 31 2021	\$39,200
II	15	January 1 2022	\$33,000
III	25	January 1 2023	\$33,000
Total	50		

V. TANGIBLE PERSONAL PROPERTY (to be acquired after tax abatement is granted):

Itemization and description of tangible personal property (see Appendix D for definition) of the business for which abatement is sought, including estimated value and date of personal property acquisition:

Q2 2021 - Batching Equipment/Other.....	\$215,000
Q2 2021 - Tanks.....	\$100,000
Q2 2021 – CIP System/Boiler/Pastuerizer.....	\$175,000
Q2 2021 – Filler/Capper.....	\$75,000
Q2 2021 – Labeller.....	\$25,000
Q2 2021 – Case Packer	\$175,000
Q2 2021 – Palletizer.....	\$100,000
Q2 2021 – PET Bottle Line.....	\$750,000
<ul style="list-style-type: none"> Total value of tangible personal property investment: \$ <u>1,615,000</u> 	

VI. IMPROVEMENTS TO REAL PROPERTY (to be made after tax abatement is granted):

Itemization and description of improvements to real property (see Appendix E for definition) for which abatement is sought, including estimated value and date of completion of improvements:

<ul style="list-style-type: none"> Total value of real property improvement investment: \$ _____ 	



VII. CONFIDENTIALITY:

Under Florida Statutes 288.075 (see Appendix C), is the applicant requesting that any information provided as part of this application be treated as confidential? Yes No

If yes, indicate the specific information to be treated as confidential: _____

VIII. CRIMINAL/CIVIL FINES OR PENALTIES:

List and explain any criminal or civil fines or penalties or ongoing investigations that have been imposed upon the company, its executives, or its affiliates and any recent bankruptcy proceedings of the applicant or its parent company: _____

PLEASE FIND ATTACHED THE APPLICATION SCORING GUIDELINES USED BY THE COUNTY

To the best of my knowledge, the information included in this application is accurate.

Signature of Corporate Officer or Authorized Representative

2-18-21

Date

ANTHONY CERULLO

Printed Name

- **Indian River County Contact for Assistance**
Bill Schutt, Senior Planner
772-226-1243
bschutt@ircgov.com



TAX ABATEMENT APPLICATION CHECKLIST

	<u>YES</u>	<u>NO</u>
I. Brief narrative that describes nature of applicant's business	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Letter of Authorization from corporate officer if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
III. Verified statement (separate letter) naming every individual or entity having legal or equitable ownership interest in the real property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IV. Legal description and sketch of project real property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Appendix A (job and wage information) completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VI. State application form (DR-418) (to be filed no later than March 1 of the year the exemption is desired to take effect)	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

Please list all net new full time job positions that will be created by the project. Please make additional copies of this form as needed.

Job Title	# of Positions	Anticipated Date of Hire	Annual Salary Per Job	Annualized Average Value of Benefits Per Job	Benefits Included
Example 1: Widget Operator	10	12/15/10	\$40,000	\$15,000	Health insurance, 401(k) contributions, vacation, and sick leave
Example 2: Engineer	5	12/15/10	\$53,000	\$20,000	Health insurance, 401(k) contributions, vacation, and sick leave
Plant Manager	1	2/28/21	\$65,000	\$9,000	Health insurance, 401(k) contributions
Supervisor	1	3/31/21	\$38,000	\$5,000	Health insurance, 401(k) contributions
Quality Manager	1	3/31/21	\$43,000	\$6,000	Health insurance, 401(k) contributions
Maintenance	1	3/31/21	\$48,000	\$7,000	Health insurance, 401(k) contributions
Operators	6	3/31/21	\$33,000	\$4,000	Health insurance, 401(k) contributions
Operators	15	1/01/22	\$33,000	\$4,000	Health insurance, 401(k) contributions
Operators	25	1/01/23	\$33,000	\$4,000	Health insurance, 401(k) contributions