# HERNANDO COUNTY ECONOMIC DEVELOPMENT INCENTIVE PROGRAM APPLICATION

Delamere Industries Inc.

Name of Business

Project Title or Code Name (1-5 word description)

#### FOR HERNANDO COUNTY USE ONLY

**Date Application Overview Received** 

Date Approved by Office of Economic Development

Date Approved by Hernando County Board of County Commissioners

15800 Flight Path Drive Brooksville, Florida 34604 352-540-6400

www.hernandobusiness.com

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1.	1. BUSINESS INFORMATION						
A.	Name of Business: Delamere Industries Inc.						
В.	Mailing Addr	ess: 19370 Oliver St	reet				
		Street Address					
	Brooksville		FL		34601		
^	City	4	State		Zip Code		
C.	Name of Pare Company		Holdings LLC				
D. Primary Business Contact: Paul B. Hughes							
	Title:		President				
	<b>Mailing Addr</b>	ess: 19370 Oliver St	reet				
		Street Address					
	Brooksville		FL		34601		
	City		State		Zip Code		
	Telephone:	813.929.0841		ax:	n/a		
		Paul.Hughes@delam				<u>mereindustriesi</u>	
	Email:	tries.com	V	lebsite:	nc.com		_
E.	Business_Federal Employer Identification Number: 81-0883237						
F.	Business Un	employment Compe	nsation Num	ber:			
					-		
G.	Business Flo	rida Sales Tax Regis	tration Num	ber:	37-8	0179715497	
	G. <u>Business</u> Florida Sales Tax Registration Number: 37-80179715497 D. PROJECT OVERVIEW						
		following best descri	ihas this hus	sinoss.			
Λ.		siness to Hernando C		<u> </u>			
		Hernando County bu	•	na new i	obs		
	_	If an expansion, how r		-		iness?	
D	_	•			-		
	Give a full description of this project, including the primary business activities / functions:						
	Expansion of business operations into new markets and product lines.						
C.	What is the project's Targeted Industry(ies): Specialty Metal s						
	Break down the project's primary function(s) and the corresponding wages:						
					Annualized		
	Busin	ess Activities	NAICS Co	ode	Function (total = 100%)	or Hourly Wage (\$)	
	Fabricated st	ructural metal					
	manufacturin	i ucturar mictar			7.5	610 640/UD	
			332312	2	75	\$18-\$40/HR	
			332312 332323		75 5%	\$10-\$40/HR \$20-\$40/HR	

E. What is the project's proposed location address:

installation

119 W. Martin Luther King Jr Blvd, Brooksville FL 34601

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238990

\$80-\$50/HR

20

Overview

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F.	Which of the following describes the applicant's operations (select a  ☐ Multi-state business enterprise ☐ Multinational business enterprise ☐ Florida business enterprise	all that apply):
G.	Which of the following describes this <u>business</u> (select all that apply):  ☐ Regional headquarters office ☐ National headquarters office ☐ International headquarters office ☐ This is not a dedicated headquarters office	
	What is the estimated percentage of gross receipts or final sales re this project that will be made outside of Hernando County (if sales is reasonable measure, use another basis for measure and provide explanation be 90% Explain, if necessary:	not a
3.	JOB AND WAGE OVERVIEW	
_	If a new business, how many jobs are expected to be <u>created</u> as part of this project?	n/a
	If an existing business, how many new jobs are expected to be <u>created</u> as part of this project? If an existing business, please indicate the current number of full-	45
	time equivalent jobs at this location. (verification from RT-6 form or payroll company documentation)	62
D.	What is the anticipated annualized average wage (excluding benefits) of the new to Hernando County jobs created as part of this project? (Cash payments to the employees such as performance bonuses and overtime should be included. The wage reported here is only an estimate of the average wage to be paid and will not be used in the	
	certification, agreement, and claim evaluation process.)	\$57,000
E.	What is the annualized average value of benefits associated with each new job created as part of this project?	\$10,000
F.	What benefits are included in this value? (health insurance, 401(k) convacation and sick leave, etc.) 401K, Medical, Vacation/Sick/Leave/ Pay for Performance/ Christmas Bonus	·

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#### 4. CAPITAL INVESTMENT OVERVIEW

Α.	Describe the capital investment in real and personal property (Examples: construction of new facility; remodeling of facility; upgrading, replacing, or buying new equipment. Do not include the value of land purchased for construction of a new building): Purchase of second facility & business			
B.	Will this facility be:  Leased space with renovations or build out Land purchase/Land lease and construction of a new building Purchase of existing building(s) with renovations Addition to existing building(s) (already owned) Other (please describe in 4A above)			

C. List the anticipated amount and type of major capital investment to be made by the applicant in connection with this project: (attach separate schedule if investment will be made over more than three years)

	Year 1	Year 2	Year 3
Land	\$3.5MM	\$	\$
Construction / Renovations	\$100K	\$	\$
Manufacturing Equipment	\$500K	\$500K	\$500K
R&D Equipment	\$250K+	\$250K+	\$250K+
Other Equipment (computer equipment, office furniture. etc.)	\$50K	\$	\$
<b>Total Capital Investment</b>	\$4,350,000	\$750K	\$750K

D. What is the estimated square footage of the new or expanded facility?

E. When is the final location decision anticipated (date)?

F. What is the anticipated date construction will begin?

G. What is the anticipated date operations will commence?

Upon closing.

#### 5. COMPETITIVE LANDSCAPE

A. What role will the incentive(s) play in the business decision to locate, expand, or remain in Hernando County, Florida?

Incentives will provide support for training of new employees, equipment & continued improvements. These incentives will help to make our project more competitive and allows us to invest in our employees as well as the community.

- B. What other cities, states, or countries are being considered for this project? The ability to expand our product line and markets through this key acquisition will allow us to continue to invest in Hernando County. Not only are we creating new jobs but ensuring those existing positions remain here as well.
- C. What advantages or incentives offered by these locations do you consider important in your decision?

Create new employment and advancement opportunities through workforce expansion, establish new training programs, expand market.

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D. Indicate any additional internal or external competitive issues impacting this project's location decision?

n/a

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#### 6. ECONOMIC IMPACT AND CORPORATE RESPONSIBILITY

- A. Provide a brief synopsis of the special impacts the project is expected to stimulate in the community, the state, and the regional economy. New jobs & opportunities for residents, skill upgrades and enhanced ad valorem taxes through facility renovations and equipment investment.
- B. Provide any additional information you wish to be considered as part of this incentive application or items that may provide supplementary background information on your project or company.

7. II	VCENTI	VES OVERVIEW	
а		he job creation schedule to which you comm n of three consecutive years and job creation to no le	
P	hase	Number of net new full-time equivalent Hernando County jobs created in the business	Date by which jobs will be created (mm/dd/yy)
	I	15	12/31/2025
	II	15	12/31/2026
	III	15	12/31/2027
Т	`otal	45	
a	verage v	urposes of certification, agreement, and clain vage and corresponding threshold (percentage levant box (only one) and fill in the wage commitment	ge) to which you commit:
	\$44,247, which is at least 100% of the average wage in Hernando County.		
	\$50,884, which is at least 115% of the average wage in Hernando County.		
	\$55,308	, which is at least 125% of the average wage in	Hernando County.
	\$66,371	, which is at least 150% of the average wage in	Hernando County.

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#### 8. OTHER FINANCIAL INCENTIVES

Indicate any federal, state, local, or private incentives for which you applied and/or received: n/a

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#### 10. CONFIDENTIALITY

A. You may request that your project information (including information contained in this application) be confidential per F.S. 288.075.

Please indicate your confidentiality preference:

$\boxtimes$	Yes
	No

#### 11. SIGNATURES

I, a duly authorized owner, officer or agent of Employer/Applicant, hereby swear under oath, and subject to penalty of perjury, that the information contained in this Application Agreement is true and correct to the best of my knowledge.

Sworn to and subscribed to me this

day of\_

\_ 2025.

Notary Public, State of Florida

Signature - Authorized Company Officer

\_\_Paul B. Hughes, President\_

Print Name & Title

JOHN V IACONO

Notary Public - State of Florida

Commission # HH 321571

My Comm. Expires Feb 10, 2027

Bonded through National Notary Assn.