

**APPLICATION FORM FOR TAX REDUCTION
BUILDING REMODEL, EXPANSION OR RECONSTRUCTION**

(As allowed under Yellowstone County Resolution 02-66, City Council Resolutions 05-18377
and 05-18378 and 15-24-1501, 15-24-1502 or 15-24-1601 MCA)

1. Name of business: Linde Properties LC and Heights Eyecare, Inc.

2. Building Remodel or Reconstruction: Start of construction (date) 10/8/2015
End of construction (date) 11/27/2015

3. Building Expansion: Start of construction (date) 06/03/2015
End of construction (date) 10/08/2015

4. Address of business: 430 Lake Elmo Drive Billings, MT 59105
Actual location of business: 430 Lake Elmo Drive Billings, MT 59105
Tax Code: D05587
Within city limits of Billings YES NO

5. Person representing business and responsible for application:
Name: Brian Linde Title: Owner (one of three)
Address: 430 Lake Elmo Dr Billings, MT 59105 Telephone: 406-252-9927

6. Amount of capital investment for Expansion, Remodel or Reconstruction in Billings / Yellowstone County: \$ 1,050,788.12 (attach detailed costs of materials and labor and dates of construction. County Commissioners and/or City Council may request further information, such as financial statements, business references, or other documents prior to acting on this request).

7. Approximate market value of building prior to remodel, reconstruction, or expansion:
\$ 1,098,759.00

8. Explain business activity – what business does: Heights Eyecare, Inc. is an optometry practice that provides eye health exams, vision care and vision improvement therapy. Heights Eyecare, Inc. also has a full optical department to sell eyeglasses and contact lenses. Heights Eyecare, Inc. is a multiple network health care provider and accepts medicare/medicaid patients. Linde Properties LC owns the real estate at 430 Lake Elmo Drive and leases it to Heights Eyecare, Inc.

9. How long has this business been located in Billings and/or Yellowstone County?
Since March 21, 1991 - 24 Years and 11 Months

10. As of the date of this application, how many employees does the business have:
32 Full-time 1 Part-time

11. How many employees will the applicant have within 2 years after completion of construction:
44 Full-time 1 Part-time

12. Describe job skills required for all new employees both full and part-time: See attached job description
for Optician and Front Office Job.
-
13. What is the hourly pay scale of both full and part-time employees to include benefits (new employees only): \$14-\$20/hour
-
14. Other Economic impacts of capital investment: Job Creation and anchor member of neighborhood commercial district.
-
15. Planned hiring schedule: First quarter of 2016 - 2 employees, Third quarter of 2016 - 2 employees, First quarter of 2017 - 2 employees, Third quarter of 2017 - 3 employees. With an added Doctor it could potentially increase the staff by an additional 3 at the rate that was submitted. The new expansion also allows for our part time doctor to pick up more patients and time in the office which could impact staffing by a minimum of one.
-
16. List other property tax benefits business currently receives or has applied for: None
-
17. Building permit (attach copy or explain absence): Copy Attached
-
18. A non-refundable fee of \$500 must accompany this application to cover the cost of application administration. Make checks payable to the Big Sky Economic Development Authority.
19. All items on this application must be addressed. Upon completion and accompanied by the application fee, the original can be submitted to the Big Sky Economic Development Authority, 222 N. 32nd Street, Suite 200, Billings, Montana 59101 (telephone 256-6871). If the application is complete, a duly advertised public hearing will be scheduled, after which the Commissioners and/or City Council, in their discretion, will decide whether to approve or deny the application. The applicant, or a representative of the applicant, must appear in person at the public hearings.
20. The application to the Department of Revenue, which is part of this application, must also be completed and signed by the applicant.
21. The Board of County Commissioners and/or City Council may review this applicant's tax incentive program at any time and terminate further reductions at their discretion if they find the provisions of Resolution are not being met.
22. If application is approved, applicant will comply with the following provisions. Failure to comply may lead to the previously approved tax abatement being rescinded:
- i. Provide copy of Occupancy Certificate and/or Certificate of Substantial Completion
 - ii. Annual Survey to be completed and returned to Big Sky EDA by June 30 of each year
 - iii. Remain current on all property taxes on the subject property
 - iv. Notify Big Sky EDA of any ownership changes or change of use of the facility
 - v. Comply with any other provisions set by the Board of County Commissioners and/or City Council
23. In order for this incentive program to apply to the applicant's current year taxes, Yellowstone County must receive the properly completed application by March of the year in which the reduction is desired. If within the city of Billings, City Council must approve the application by March of the year in which the reduction is desired.

- 24. Signature of applicant/representative: x *Joy & Culver CPA, preparer*
- 25. Date of application: 2-29-2016
- 26. County Commissioner's Public hearing held (date): _____
- 27. City Council's Public hearing held (date): _____

Application Complete

Name: *Chad Moore* Date: *5/5/2016*

Signature: _____

Recommendation by the Big Sky Economic Development Authority:

Approve _____ Deny

Signature: *[Signature]*

Date: *5/5/2016*

County Board of Planning or Laurel-Yellowstone City-County Planning Board certifies that business conforms to zoning regulations:

Signature: _____ Date: _____

If a non-public water or sewer system is used (i.e., septic tank and water well) County Health Department certifies that system conforms to acceptable standard, or will do so on completion of construction:

Signature: _____ Date: _____

County Treasurer's Office certifies that City and County taxes have been paid in full or otherwise satisfied: *- Please see attached tax documentation*

Signature: _____ Date: _____

City Finance office certifies that the business has applied for the appropriate City business license: *- Please see attached Business License documentation*

Signature: _____ Date: _____

Action by Board of County Commissioners:

Date: _____

_____ Approve _____ Deny

Chair: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Action by Billings City Council (if applicable – project within City limits):

_____ Approve _____ Deny

Date: _____

CITY OF BILLINGS

By: _____

ATTEST:

By: _____

APPLICATION TO THE DEPARTMENT OF REVENUE
BUILDING REMODEL, RECONSTRUCTION OR EXPANSION
(Title 15- Chapter 24 – Part 14 MCA)

To: Assessor
Yellowstone County

Name of Applicant: Linde Properties LC and Heights Eyecare, Inc.

Mailing Address: 430 Lake Elmo Drive Billings, MT 59105

Legal description of affected property: OLEARY SUBD, S27, T01 N, R26 E, BLOCK 5, Lot 10A, 25644 SQUARE FEET, (08)

Date construction permit issued: 06/01/2015

(If no permit is required, specify the date when certificate in lieu of building permit was issued).

This application covers the (expansion/new) construction of the Heights Eyecare plant.

A public hearing on this matter of Building Expansion, Remodel, or Reconstruction was held at the
Yellowstone County Courthouse at _____ (am/pm) on the _____ day of _____, 20____
Due notice as defined in 76-15-103 was given. True and exact copies of said notices are attached to this
application. _____ Yes _____ No

The statutory \$500,000 investment requirement for expansion or modernization has been met.

Yes _____ No

The statutory 2.5% increase in value requirement for new improvements has been met.

Yes _____ No

The statutory 5% increase in value requirement for new improvements has been met.

Yes _____ No

The qualifying property consists of the following: Remodel/Expansion to Heights Eyecare building

(Attach site plats, construction prints, and detailed equipment list identifying the qualifying property.)

This application is made under the provisions of 15-24-1501 or 1601 MCA, and by resolution adopted by
the Commissioners of Yellowstone County, on the 9th day of August 2002. A copy of the same is
attached.

x Gay L Culver CPA, preparer
(Owner/Agent) 2-29-2016

~~~~~  
We, the undersigned, Commissioners of Yellowstone County, (approve/disapprove) this application for  
\_\_\_\_\_. We find that it (does/does not) conform to the criteria  
as set forth in the resolution adopted by this Board on the 9<sup>th</sup> day of August 2002.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

comdev public

Back

R

Parcels

Permits

Licenses

Projects

Cases

home

log in

Summary

Attributes

Attachments

Details

|                 |                      |
|-----------------|----------------------|
| Business:       | HEIGHTS EYE CARE INC |
| DBA:            |                      |
| Address:        | 430 LAKE ELMO DR     |
| Classification: | SERVICE              |
| Application #:  | OL-17-10316          |
| Status:         | OPEN                 |

Dates

|                  |            |
|------------------|------------|
| Submit Date:     | 01/29/2016 |
| Issue Date:      | 01/29/2016 |
| Expiration Date: | 02/28/2017 |



# Yellowstone County, Montana

[Commissioners](#) [Departments](#) [Contacts](#) [Site Map](#) [Home](#)

**Disclaimer:** Not all fields are currently maintained. The [accuracy of the data is not guaranteed](#). Please notify the Appraisal/Assessment Office of any inaccuracies.

[Back to Search Form](#)

[Full Orion Detail](#)

## Owner Information

**\*Please Note:** Owner information is supplied by the **Montana Department of Revenue**. To request updates to addresses or other ownership information, please **contact the DOR office at 896-4000**.

Records for the current year will **not** be updated after tax bills have been sent out, so changes requested after you receive your bill will appear only on next year's records.

Tax ID: D05587

### Primary Party

Primary Owner Name: LINDE PROPERTIES LC

2016 Mailing Address: LINDE PROPERTIES LC  
430 LAKE ELMO DR  
BILLINGS, MT 59105-3066

Property Address: 430 LAKE ELMO DR

Township: 01 N Range: 26 E Section: 27

Subdivision: OLEARY SUBD Block: 5 Lot: 10A

Full Legal: OLEARY SUBD, S27, T01 N, R26 E, BLOCK 5, Lot 10A, 25644  
SQUARE FEET, (08)

GeoCode: 03-1033-27-2-05-12-0000

[Show on Map](#) (May not work for some newer properties.)

### Property Assessment Information

Levy District: BILLINGS

#### Assessed Value Summary

Assessed Land Value = \$ 189,341.00

Assessed Building(s) Value = \$ 1,098,759.00

Total Assessed Value = \$ 1,288,100.00

#### Assessed Value Detail Tax Year: 2015

| Class Code                                               | Amount       |
|----------------------------------------------------------|--------------|
| 2207 - Commercial City or Town Lots = \$                 | 189,341.00   |
| 3507 - Improvements on Commercial City or Town Lots = \$ | 1,098,759.00 |
| Total = \$                                               | 1,288,100.00 |

The values shown for the given tax year are for taxation purposes only. They are supplied by the Department of Revenue. For questions about these values, please contact the Montana Department of Revenue, Appraisal/Assessment Office at [406-896-4000](#).

### City of Billings SID Payoff Information

Contact the City of Billings for SID pay off information

### Rural SID Payoff Information

**NONE**  
**Property Tax Billing History**

| <b>Year</b>          | <b>1st Half</b> | <b>2nd Half</b> | <b>Total</b> |
|----------------------|-----------------|-----------------|--------------|
| <a href="#">2000</a> | 4,800.60 P      | 4,800.58 P      | 9,601.18     |
| <a href="#">2001</a> | 5,501.55 P      | 5,501.54 P      | 11,003.09    |
| <a href="#">2002</a> | 6,026.86 P      | 6,026.86 P      | 12,053.72    |
| <a href="#">2003</a> | 6,060.69 P      | 6,060.67 P      | 12,121.36    |
| <a href="#">2004</a> | 6,209.86 P      | 6,209.85 P      | 12,419.71    |
| <a href="#">2005</a> | 6,381.58 P      | 6,381.57 P      | 12,763.15    |
| <a href="#">2006</a> | 6,311.08 P      | 6,311.07 P      | 12,622.15    |
| <a href="#">2007</a> | 6,670.24 P      | 6,670.23 P      | 13,340.47    |
| <a href="#">2008</a> | 6,663.28 P      | 6,663.28 P      | 13,326.56    |
| <a href="#">2009</a> | 0.00            | 6,939.20 P      | 6,939.20     |
| <a href="#">2009</a> | 7,117.57 P      | 0.00 P          | 7,117.57     |
| <a href="#">2010</a> | 7,625.81 P      | 7,625.81 P      | 15,251.62    |
| <a href="#">2011</a> | 7,543.40 P      | 7,543.38 P      | 15,086.78    |
| <a href="#">2012</a> | 7,333.03 P      | 7,333.03 P      | 14,666.06    |
| <a href="#">2013</a> | 7,472.95 P      | 7,472.94 P      | 14,945.89    |
| <a href="#">2014</a> | 7,706.85 P      | 7,706.83 P      | 15,413.68    |
| <a href="#">2015</a> | 9,035.38 P      | 9,035.37        | 18,070.75    |

(P) indicates paid taxes.

Click on year for detail. [Pay Taxes Online](#)

**Jurisdictional Information**

**Commissioner Dist:** 2 - [James Reno \(R\)](#)      **School Attendance Areas**

**Senate:** 22 - [Douglas "Doug" Kary \(R\)](#)      **High:** SKYVIEW

**House:** 44 - [Dale Mortensen \(R\)](#)      **Middle:** CASTLE ROCK

**Ward:** 1 (BILLINGS)      **Elem:** ALKALI CREEK

[Brent Cromley](#)

[Mike Yakawich](#)

**Precinct:** 44.3

**Zoning:** Highway Commercial

[Click Here to view Billings](#)

[Regulations](#)

[Click Here to view Laurel](#)

**SD 2 Trustee District #3** [List of Trustees](#)

[Regulations](#)

[Click Here to view](#)

[Broadview Regulations](#)

Any comments or questions regarding the web site may be directed to the [webmistress](#).