
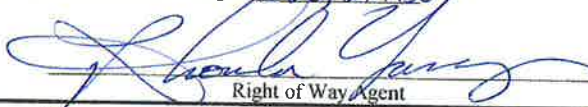


FIXED MOVING EXPENSE PAYMENT - BUSINESS, FARM OR NONPROFIT ORGANIZATION

Print or Type All Information - Read Rules on the Reverse Side

1. Applicant's Name: Kent Burkhart		Parcel No.: 26S	County: Williamson									
		ROW CSJ: N/A	Project No.: CR 110									
2. Applicant's Address: 7525 CR 110 Round Rock, TX 78665 Telephone No.: 512-238-1222		1. Name and Address of Business, Farm or Nonprofit Organization: Mustang Storage, LLC 7525 CR 110 Round Rock, TX 78665										
4. Occupancy of Property Acquired by State From (Date): 6/2011		To (Date Required to Move):	<input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied									
5. Type Operation Business <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/>		Will Business, Farm, or Nonprofit be:										
Type of Business, Farm or Nonprofit Organization Storage		<table border="0"> <tr> <td>a. Discontinued?</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>b. Continued at a new location?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. If a business or nonprofit organization, is it part of an enterprise having not more than three (3) other establishments being acquired by the State, and which is engaged in the same or similar activity?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		a. Discontinued?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	b. Continued at a new location?	<input type="checkbox"/>	<input type="checkbox"/>	c. If a business or nonprofit organization, is it part of an enterprise having not more than three (3) other establishments being acquired by the State, and which is engaged in the same or similar activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Dates of Operation												
From: 6/2011		To: Present										
6. Determination of entitlement for payment in lieu of moving expense and the amount to which the business, farm or nonprofit organization named above may be entitled to, if any, is requested for the reason(s) outlined in the attached statement. I understand this request and the attached documents shall become part of any claim for payment; and that other records needed for determination of eligibility shall be made available on request of the State. I certify that all information attached hereto or included herein is true and correct.												
<u>11/15/2016</u> Date of Request		 Kent Burkhart <u>Partner</u> Title or Position (Owner, Manager, Etc.)										
Space Below to be Completed by the County												
I certify that I have examined the records made available by the above applicant(s) and have found the earnings to be as follows:												
2014, \$188,578; Year	2015, \$251,814; Year	Average Annual Net Earnings: \$220,219.50										
<u>12/19/16</u> Date		 Right of Way Agent										
I certify that I have examined this request for Determination of Entitlement and supporting documentation and:												
<input type="checkbox"/> Recommend a payment of \$40,000. <input type="checkbox"/> Find that payment cannot be authorized because _____ (List reasons payment cannot be authorized. Use extra page if necessary)												
_____ Date		<u>Williamson County</u>										