MINUTES OF THE PROCEEDINGS OF THE COMMON COUNCIL

CITY OF TERRE HAUTE, INDIANA

SPECIAL SESSION, THURSDAY, JULY 10, 2025

The City Council met in Special Session Thursday, July 10, 2025 at 5:45 P.M. in the City Hall Courtroom with Mr. Nation presiding and Michelle L. Edwards in the City Clerk's desk.

Calling the meeting to order Calling Of the Roll

PRESENT: George Azar, Tammy Boland, James Chalos, Curtis DeBaun IV, Anthony Dinkel, Cheryl

Loudermilk, Todd Nation, Amanda Thompson

ABSENT: Kandace Hinton

Hearing concerning CHI Overhead Door CF-1 form for Resolution 11, 2021 found not in substantial compliance.

Motion was made by Councilperson DeBaun and seconded by Councilperson Boland to approve CHI Overhead Door CF-1 form for Resolution 11, 2021. Motion carried.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

DocuSign Envelope ID: 826F1245-ABCC-454E-B74C-37193629F365



STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

00UE100

FORM SB-1/PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- 3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- 5. For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1		TAXPAYER II	NFORMAT	ION		NAME OF TAXABLE PARTY.			
Name of taxpayer				ontact person					
C.H.I. Overhead Doors, LLC				Pfeiffer					
Address of taxpayer (number and street, city, state, and ZIP code) 1485 Sunrise Drive, Arthur, IL, 61911							Telephone number (217) 714-1505		
SECTION 2 LO	CATION AN	ID DESCRIPTION	ON OF PR	OPOSED PROJ	ECT				
Name of designating body City of Terre Haute						Resolution num	Contract of the	BD	
Location of property			Cou	nty		DLGF taxing dis	strict nu	ımber	
1440 Savannah Avenue, Terro	e Haute	e, IN 4780)4	Vigo			00)2	
Description of manufacturing equipment and/or res	earch and d	levelopment equ	uipment			100	ESTIN	MATED	
and/or logistical distribution equipment and/or information technology equipme (Use additional sheets if necessary.) New manufacturing operations are proposed as part of this project.						START DATE		COMPLETION DAT	
				Manufacturing Equipment R & D Equipment		10/15/2021		12/31/2023	
							1 21		
					Logist Dist Equipment				
				IT Equipment					
SECTION 3 ESTIMATE OF I	EMPLOYEE	S AND SALAR	IES AS RE	SULT OF PROF	OSED PRO	JECT			
Current Number Salaries	Number	Retained	Salaries		Number A		Sala		100
0 0	100	0	4	0		130		5,678	8,400
SECTION 4 ESTIM	ATED TOTA	AL COST AND	VALUE OF	PROPOSED P	ROJECT				
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the	MANUFACTURING EQUIPMENT		R&DE	QUIPMENT	LOGIS EQUIF	PMENT		IT EQUIPMENT	
COST of the property is confidential.	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	CC	DST	ASSESSED VALUE
Current values		0							
Plus estimated values of proposed project		2,700,000							
Less values of any property being replaced		0							
Net estimated values upon completion of project		2,700,000					1640	100	Service Service
SECTION 5 WASTE COM	VERTED A	ND OTHER BE	NEFITS P	ROMISED BY T	HE TAXPAY	ER	SAR		
Estimated solid waste converted (pounds)	0		Estimated hazardous waste converted			(pounds) 0			
Other benefits:									The state of
SECTION 6		TAXPAYER C	ERTIFICA	TION					
I hereby certify that the representations in this sta	tement are t	rue.						P. S	
Signature of author (sept) sentative					Da	ate signed (mont	h, day.	year)	
Printed name of authorized representative Tisha Pfeiffer				Title Chief Financial Officer					



OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 2. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.
- Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 4. If the designating body determines that the property owner has NOT made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner, (2) the county auditor, and (3) the county assessor.

We have reviewed the CF-1 and find that:
The property owner IS in substantial compliance
The property owner IS NOT in substantial compliance
Other (specify)
Reasons for the Determination (attach additional sheets if necessary)
Reasons for the Determination (attach additional sheets if necessary) Current number of employees and related salaries significantly lawer than originally estimated
lower than briginally estimated
Signature of Authorized Member Date Signed (month, day, year)
(6-5-202)
Attested By Wishelle & Colyna Designating Body Terre Naute City Council
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and
time has been set aside for the purpose of considering compliance.
Time of Hearing AM Date of Hearing (month, day, year) Location of Hearing
5:45 # 7-10-2025 17 Heading A. & Target M.
5:45 DE PM 7-10-2025 17 Harding Ave TerreHaute IN
HEARING RESULTS (to be completed after the hearing)
Denied (see Instruction 5 above)
Reasons for the Determination (attach additional sheets if necessary)
Control of the Charles On the Control of the Charles of the Charle
Signature of Authorized Member Date Signed (month, day, year) 7-10-2025
Michelle Klaurand Terre Hawle City Council
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]
A second construction is desired by the desirencies back may appeal the desirencies back a desired by the desirencies to be desired by the de
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

1016

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22) MAY 2 1 2025

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6

FORM CF-1 / PP

20 25 Pay 20 26

Prescribed by the Department of Local Government Fnance

UNFTU

INSTRUCTIONS:

1. Property owners whose Statement of Benefite was approved this form with the local designating body to show

Property owners whose Statement of Genefits was approved must like this form with the local designating body to show the extent to which
there has been compliance with the Statement of Behalits. IC. 5.11.42.1-5.6)
 This form must be filled with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, 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.

of each year. 3. With the approval of the	e designating	body, compliand	ce information	for multiple pro	ojects may be c	consolidated on	one (1) compli	ance form (CF-		
SECTION 1		TAXPAY	ER INFORM	ATION						
Name of Taxpayer			County							
C.H.I Overhead Doors, LLC							Vigo			
Address of Taxpayer (number and street, city, state, and ZIP code)							DLGF Taxing District Number			
							84-002			
Tisha Pfeiffer, Chief Financial		7) 714-15	05		tpfeiffer@chiohd.com					
SECTION 2	LOC	CATION AND D			RTY					
Name of Designating Body City of Terre Haute	1,54759,00000	tion Number . 11 - 202	:1		Estimated State Date (month, day, year) 08/01/2021					
Location of Property 1440 Savannah Avenue, Terro	e Haute,	IN 47804			-	Actual Sta 08/01	art Date <i>(month,</i> /2021	day, year)		
Description of new manufacturing equipment, new new logistical distribution equipment to be acquired	research and d		oment, new info	mation technol	ogy equipment,		Completion Date	(month, day, year)		
New manufacturing operations	s are pro	posed as	a part of	this proje	ct.		mpletion Date (m	onth, day, year)		
SECTION 3		EMPLOYE	ES AND SAI	LARIES						
EMPLOYEES AND S	ALARIES			AS ESTIM	ATED ON SB	1	ACT	UAL		
Current Number of Employees	Current Number of Employees				0			56		
Salaries			0				4,888,301			
Number of Employees Retained							14,000,001			
Salaries			0							
Number of Additional Employees			130				56			
Salaries				8.400			4,888,301			
SECTION 4		cos	T AND VALU				¥,000,001			
SESTION 4	MANUFACTURING		RESE	RESEARCH & VELOPMENT EQUIPMENT		DISTRIBUTION	ON IT EQUIPMENT			
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE		
Values Before Project		\$ 0	\$	\$	\$	\$	\$ 0	\$ 0		
Plus: Values of Proposed Project		\$ 2,700,000	\$	\$	\$	\$	\$ 0	\$ 0		
Less: Values of Any Property Being Replaced		\$ 0	\$	s	s	\$	\$ 0	\$ 0		
Net Values Upon Completion of Project		\$ 2,700,000	\$	\$	\$	\$	\$ 0	\$ 0		
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED	COST	ASSESSED	COST	ASSESSED		
Values Before Project		\$ 0	s	s	s	\$	\$ 0	\$ 0		
Plus: Values of Proposed Project		\$ 2,646,258	\$	\$	s	\$	\$ 0	\$ 0		
Less: Values of Any Property Being Replaced		\$ 0	s	s	s	\$	\$ 0	\$ 0		
Net Values Upon Completion of Project			s	s	s	s	\$ 0	\$ 0		
NOTE: The COST of the property is confidential	l pursuant to				1.	1.	1.0	1.0		
the state of the s		D AND OTHE		PROMISED	BY THE TAXE	AYER				
WASTE CONVERTED					ESTIMATED		ACT	UAL.		
Amount of Solid Waste Converted				0		(0			
Amount of Hazardous Waste Converted										
Other Benefits:				0		- '				
				0			0			
		TAVDAV	ER CERTIFIC	CATION						
SECTION 6		IAAFAT								
I hereby certify that the representations in	this statemen									
I hereby certify that the representations in	this statement L. Oxiv	nt are true.	Title	f Financia	l Officer	ľ	Date Signed (mo 05/14/2			

 $\label{lem:condition} \begin{tabular}{ll} Motion was made by Councilperson Azar and seconded by Councilperson Dinkel that the meeting be adjourned. Motion carried. \\ \end{tabular}$

Todd Nation, President

Kelley Duggins Chief Deputy City Clerk

Michelle L. Edwards, City Clerk