

## Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of Public Act 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the completed application and the required attachments with the clerk of the local government unit. If you have any questions regarding the completion of this form, call 517-335-7491.

To be completed by Clerk of Local Government Unit	
Signature of Clerk <i>Tina Vierheller, Deputy Clerk</i>	► Date Received by Local Unit <i>10-01-2005</i>
STC Use Only	
► Application Number	► Date Received by STC

### APPLICANT INFORMATION

All boxes must be completed.

► 1a. Company Name (Applicant must be the occupant/operator of the facility) <b>Next Generation Services, LLC</b>	► 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) <b>324110</b>
► 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) <b>13023 Driesenga Drive, Holland, MI, 49424</b>	► 1d. City/Township/Village (indicate which) <b>Holland Charter Township</b>
► 2. Type of Approval Requested	► 1e. County <b>Ottawa</b>
<input checked="" type="checkbox"/> New (Sec. 2(5)) <input type="checkbox"/> Transfer <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Rehabilitation (Sec. 3(6)) <input type="checkbox"/> Research and Development (Sec. 2(10)) <input type="checkbox"/> Increase/Amendment	► 3a. School District where facility is located <b>West Ottawa Public Schools</b>
	► 3b. School Code <b>70070</b>
	4. Amount of years requested for exemption (1-12 Years) <b>12</b>

5. Per section 5, the application shall contain or be accompanied by a general description of the facility and a general description of the proposed use of the facility, the general nature and extent of the restoration, replacement, or construction to be undertaken, a descriptive list of the equipment that will be part of the facility. Attach additional page(s) if more room is needed.

Next Generation Services is a locally owned business providing specialized oil reclamation services to the industrial sector. Their work helps area manufacturers reduce operational costs, extend equipment life, and minimize environmental impact. Proposed is a new facility which will increase operational capacity, and support growth.

6a. Cost of land and building improvements (excluding cost of land)	► <b>2,435,672.70</b>
* Attach list of improvements and associated costs.	Real Property Costs
* Also attach a copy of building permit if project has already begun.	
6b. Cost of machinery, equipment, furniture and fixtures	► <b>Personal Property Costs</b>
* Attach itemized listing with month, day and year of beginning of installation, plus total	
6c. Total Project Costs	► <b>Total of Real &amp; Personal Costs</b>
* Round Costs to Nearest Dollar	

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

Real Property Improvements	► <b>Begin Date (M/D/Y)</b> 06/09/2025	► <b>End Date (M/D/Y)</b> 06/08/2027	► <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased
Personal Property Improvements	► _____	► _____	► <input type="checkbox"/> Owned <input type="checkbox"/> Leased

► 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.  Yes  No

► 9. No. of existing jobs at this facility that will be retained as a result of this project.  
**24**

**8**

11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of SEV for the entire plant rehabilitation district and obsolescence statement for property. The Taxable Value (TV) data below must be as of December 31 of the year prior to the rehabilitation.

a. TV of Real Property (excluding land) \_\_\_\_\_  
b. TV of Personal Property (excluding inventory) \_\_\_\_\_  
c. Total TV \_\_\_\_\_

► 12a. Check the type of District the facility is located in:  
 Industrial Development District  Plant Rehabilitation District

► 12b. Date district was established by local government unit (contact local unit)  
**12/15/1994**

► 12c. Is this application for a speculative building (Sec. 3(8))?  
 Yes  No

**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he has compiled or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name Jim Kohsel	13b. Telephone Number (616) 953-9440	13c. Fax Number	13d. E-mail Address jimk@ngfluids.com
14a. Name of Contact Person Jim Kohsel	14b. Telephone Number (616) 953-9440	14c. Fax Number	14d. E-mail Address jimk@ngfluids.com
► 15a. Name of Company Officer (No Authorized Agents) Jim Kohsel			
15b. Signature of Company Officer (No Authorized Agents) 		15c. Fax Number	15d. Date
► 15e. Mailing Address (Street, City, State, ZIP Code) P.O. Box 1857 Holland, MI 49422		15f. Telephone Number (800) 845-1933	15g. E-mail Address jimk@ngfluids.com

**LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.**

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those included with the submittal.

► 16. Action taken by local government unit  <input type="checkbox"/> Abatement Approved for _____ Yrs Real (1-12), _____ Yrs Pers (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application:  Check or Indicate N/A If Not Applicable <input checked="" type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input checked="" type="checkbox"/> 2. Resolution establishing district <input checked="" type="checkbox"/> 3. Resolution approving/denying application. <input checked="" type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input checked="" type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input checked="" type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input checked="" type="checkbox"/> 7. Equipment List with dates of beginning of installation <input checked="" type="checkbox"/> 8. Form 3222 (If applicable) <input checked="" type="checkbox"/> 9. Speculative building resolution and affidavits (If applicable)
16c. School Code 70070	
17. Name of Local Government Body Holland Charter Township	► 18. Date of Resolution Approving/Denying this Application February 5, 2026

Attached hereto is an original application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time, and that any leases show sufficient tax liability.

19a. Signature of Clerk	19b. Name of Clerk Michael Dalman	19c. E-mail Address mike@hct.holland.mi.us
19d. Clerk's Mailing Address (Street, City, State, ZIP Code) 353 N. 120th Avenue, Holland, MI 49424		
19e. Telephone Number (616) 396-2345	19f. Fax Number (616) 396-2537	

State Tax Commission Rule Number 57: Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

For faster service, email the completed application and additional required documentation to PTE@michigan.gov.

An additional submission option is to mail the completed application and required documents to:

Michigan Department of Treasury  
State Tax Commission  
PO Box 30471  
Lansing, MI 48909

SIC USE ONLY				
► LUCI Code	► Begin Date Real	► Begin Date Personal	► End Date Real	► End Date Personal