

American Bottoms Enterprise Zone #57

For Zone Certified Areas in Cahokia, Dupo, Sauget, and the unincorporated area of St. Clair County

PROJECT APPLICATION

Project # (assigned by enterprise zone office): _____

Please Print:

Name of Business applying for Enterprise Zone designation:

Enterprise Zone project address: _____

City, State, Zip: _____

Owner or Contact Person: _____ Phone: _____

Email address: _____ Fax: _____

Tax mailing address: _____

Business Owner (if different than contact)

Name of Individual or Company: _____

Address: _____ Phone: _____

City, State, Zip: _____

Type of Business: _____ Commercial _____ Industrial

Product(s) or Service(s): _____

Building Permit:

Grantor: _____ Number _____ Date _____

Estimated Date of Project Start: _____ **Estimated Completion Date:** _____

Date must not be earlier than certificate date

Estimated Cost of Project: (A copy of the approved Building Permit must accompany this Application before the Certification will be issued. Amounts for 3 and/or 6 must coincide with building permit)

1) Building Materials Cost for Remodeling: \$ _____

2) Est. Cost of Labor for Remodeling project: \$ _____

3) Total cost of Remodeling (1 & 2) \$ _____

4) Building Materials Cost for New Construction: \$ _____

5) Est. Cost of Labor for New Construction: \$ _____

- 6) Total Cost of New Construction (4 & 5) \$ _____
- 7) Cost of Capital Equipment: \$ _____
- 8) Cost of Site (purchase & preparation): \$ _____
- 9) Total Cost of Building Materials (1 &4) \$ _____
- 10) Total Cost of Labor (2 & 5) \$ _____
- 11) TOTAL PROJECT COST (7 & 8 & 9 & 10) \$ _____

Enterprise Zone Fee due with application:

Cost of building materials (#9) x .005 = _____ (EZ Fee per 20 ILCS 655/8.2/c.\$50,000cap)

Job Creation:

- Employees Retained due to this project (means the number of documented jobs that will remain in the zone when it can be publicly documented the business would close operations, without enterprise zone benefits - attach documentation): _____
- Estimated Number of Full Time Equivalent Jobs created at business site (means the number of jobs for which persons are hired or are expected to be hired within one year as a result of the new investment, not including construction jobs or spinoff jobs that may be created): _____
- Estimated Number of Full-time Equivalent Construction Jobs working at project site: _____

General Description of Proposed Project: (Include any rehabilitation/remodeling of existing structures, new construction, major paving or new equipment. Use an additional sheet if necessary)

Permanent Parcel Number(s) of project location: _____

Does project involve a move from another location? _____ Yes _____ No

If yes, indicated city and state: _____

NAICS Code: (6 digit industry code) _____

Link to the NAICS codes: <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007>

Federal Employment Identification Number (FEIN) (nine digits) _____

IL Unemployment Insurance Number: _____

Project Representative: _____

Signature of Project Representative

Title

Date

NOTE: A COPY OF THE APPROVED BUILDING PERMIT, PARCEL NUMBER(S), CONTRACTOR INFORMATION AND THE ENTERPRISE ZONE APPLICATION FEE MUST ACCOMPANY APPLICATION BEFORE PROJECT WILL BE APPROVED TO GO FORWARD WITH SALES TAX EXEMPTION APPLICATION TO THE ILLINOIS DEPARTMENT OF REVENUE.

DO NOT ORDER OR PURCHASE BUILDING MATERIALS BEFORE YOUR SALES TAX CERTIFICATE IS ISSUED. ALL INFORMATION REQUESTED ON THE SALES TAX EXEMPTION APPLICATION FORM MUST BE COMPLETED. THIS IS REQUIRED BY STATE LAW.

(To Be filled in by Enterprise Zone Administrator)

Application: Received _____

Certification: Requested through IDOR _____

Signature of Enterprise Zone Administrator

Date Fee Paid _____

***Please submit project application to:
Ms. Chris Anderson
St. Clair County IGD
19 Public Square, Suite 200
Belleville, IL 62220
618.825.3218
E-Mail: canderson@co.st-clair.il.us***

INFORMATION ON EACH CONTRACTOR OR OTHER ENTITY THAT PURCHASES BUILDING MATERIALS TO BE INCORPORATED INTO REAL ESTATE WITHIN THIS STATE CERTIFIED ENTERPRISE ZONE BY REHABILITATION, REMODELING OR NEW CONSTRUCTION, MUST COMPLETE THE REQUIRED FORM PROVIDED TO RECEIVE THE SALES TAX EMEMPTION CERTIFICATE FROM THE ILLINOIS DEPARTMENT OF REVENUE. (Please make as many copies of the contractor form as needed)

PROJECT NAME: _____

CONTRACTOR INFORMATION

Contractor _____

Trade _____

Owner _____

Mailing Address _____

City: _____ State _____ Zip _____

Country _____

Phone Number _____ or Cell Phone _____

E-Mail Address _____

Tax Mailing Address _____

Federal Employer Identification Number (FEIN) _____

Illinois Unemployment Insurance Number (UIN) _____

Illinois Department of Revenue Applicant ID #: _____

Number of workers projected at project site: _____

Estimated Project Start Date: _____

Estimated Project Completion Date: _____

Building Materials Exemption

Contract Amount _____

Estimated average tax rate _____

Percentage of contract that consists of building materials qualifying for exemption _____

Estimated dollar amount of exemption for purchase materials _____

Contractor Signature

Date