



City of Monmouth Enterprise Zone Project Application

Once the rehabilitation, renovation, and new construction is complete and all building materials required for a project have been acquired, the owner and/or the general contractor is no longer eligible for the sales tax exemption for that project. Any new project on the same site/premises will require a separate certification by the Illinois Department of Revenue.

Part 1. To be completed by Applicant

- A. Name of Applicant: _____
- B. Mailing Address of Applicant: _____
- C. City/State/Zip: _____
- D. Employer's Federal Employer's Identification Number (FEIN): _____
- E. Unemployment Insurance Number (UIN): _____
- F. Name of Business/Company and Address (if different from applicant):

- G. Street Address of Proposed Project: _____
- H. Classification of Project: Commercial Industrial Residential
- I. Description of Proposed Project and Estimated Start Date (Provide a general description of the proposed project including the general nature of improvements relating to any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. Use an additional sheet if necessary):

J. Estimated Cost of Improvements:

- a. Cost of Remodeling / Rehabilitation of existing building: _____
- b. Estimated cost of site if a new building / Location: _____
- c. Cost of New Construction / Additions: _____
- d. Cost of any Capital Equipment to be added during project: _____
- e. Cost of Building Materials ONLY for this project*** _____
 ***This needs to be filled out for both a Remodeling project AND a new Construction project.
- f. What percentage of the total project cost is the building material cost:

K. Estimated Project Completion Date: _____

L. Number of Full Time Equivalent Jobs *Presently* at Project Location: _____

M. Number of Jobs to be *Retained* as a result of this project: _____

N. Number of Full Time Equivalent Jobs to be *Created* within 12 months of Rehabilitation / Construction Completion as a result of this project: _____

O. Does this project involved a move from another location: Yes___ No___

a. If yes, from what City and State? _____

b. If from within the City of Monmouth, what was previous address:

Signature of Applicant (or Applicant’s Authorized Representative):

Name

Title

Date

Phone #

Email Address