

MACOMB/BUSHNELL ENTERPRISE ZONE PROJECT APPLICATION

THE BUILDING MATERIALS SALES TAX EXEMPTION CERTIFICATE WILL NOT BE ISSUED UNTIL THIS COMPLETED APPLICATION HAS BEEN RECEIVED AND SUBMITTED BY THE ENTERPRISE ZONE ADMINISTRATOR. ONCE PROCESSED, YOU WILL RECEIVE YOUR CERTIFICATE VIA EMAIL FROM THE ILLINOIS DEPARTMENT OF REVENUE (THIS CAN TAKE UP TO 72 HOURS).

PROJECT INFORMATION

Date _____

REQUIRED: Property Tax Parcel ID Number _____

Project Address: _____ Macomb, Illinois 61455

Property Owner/Business Name: _____ **REQUIRED:** FEIN #: _____

Contact: _____ Email: _____

Type of Project: COMMERCIAL INDUSTRIAL

Check all that apply: REHAB/REMODELING NEW CONSTRUCTION CAPITAL EQUIPMENT SITE

Detailed Project Description (Please be more specific than 'remodeling'): _____

REQUIRED: TOTAL ESTIMATED COST OF IMPROVEMENTS: \$ _____ (must equal break-out below)

LABOR: \$ _____
MATERIALS: \$ _____

CONTRACTOR INFORMATION

ALL CONTRACTORS AND SUB-CONTRACTORS MUST FILL-OUT INDIVIDUAL PROJECT APPLICATIONS WITH THEIR OWN COST OF IMPROVEMENTS. ALSO, ILLINOIS LAW REQUIRES ALL CONTRACTORS TO FILE A BMEC REPORT ANNUALLY. SEE PAGE 4 OF PACKET.
www2.illinois.gov/rev/businesses/incentives/Pages/default.aspx

Contractor: _____

Mailing Address: _____ City: _____

Email Address: _____ Phone: _____

REQUIRED: Applicant ID Number _____ **REQUIRED:** FEIN or Social Security Number _____

Are you the General Contractor or Sub-Contractor for this project? General Contractor Sub-Contractor

Please list the General Contractor or Sub-Contractor(s) for this project _____

Project Representative: _____

Printed

Signature

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MACOMB AND BUSHNELL OFFICE USE ONLY

MAIL A COPY OF THIS APPLICATION TO THE TOWNSHIP ASSESSOR AND COUNTY ASSESSOR

Date Application Submitted: _____

Date Sent to Zone Administration Office: _____

Originating Office: Bushnell City Hall Macomb Community Development Office McDonough County Clerk's Office

Corresponding Clerk or Community Development Coordinator:

Printed

Signature

MACOMB COMMUNITY DEVELOPMENT OFFICE ONLY

Has the building permit been issued for this project? YES NO

Permit Type: ELECTRICAL PLUMBING GENERAL OTHER: _____

Permit # _____

Permit Issue Date _____

Permit Expiration Date _____

ZONE ADMINISTRATION OFFICE USE ONLY

The following questions pertain to the business/industry where the project is being completed:

Number of Full-time Equivalent (FTE) jobs presently at project? _____

Number of FTE jobs to be retained as a result of this project? _____

PROJECT APPLICATION FEE - EFFECTIVE JULY 01, 2019

Please include project application number on check.

Building Materials: \$ _____ x .5% = \$ _____ Check Number: _____