APPLICATION INSTRUCTIONS

Application forms must be completed by applicant and then certified by the Clark County Enterprise Zone Administrator and sales tax certificates issued by Illinois Department of Revenue before you are eligible for sales tax exemption! Each contractor and who is providing materials must provide and or complete the sales tax application form. **Do not order or purchase building materials before your sales tax certificates are issued!**

Information and items needed to complete application

1. Enterprise Zone Business Name

2. Project address

3. ***Sales Tax Certificate Application:*** *Information on each contractor or other entity that purchases building materials to be incorporated into real estate within Clark County Enterprise Zone by rehabilitation, remodeling or new construction, sales tax exempt must complete the required form provided to receive the sales tax exemption. You must apply to the Clark County Enterprise Zone Administrator to receive the tax exemption from Illinois Department of Revenue. All information requested on the sales tax exemption application form must be completed! This is required by state law! You may copy the form provided for each contractor or entity whom you want to provide materials tax exemption to be incorporated into the real estate for your project.*

4. Number of full and part-time employees at project address including construction jobs.

5. Starting date & completion date
(The starting date must not be sooner than approval date of application)

6. Cost of remodeling, new construction, building materials, labor cost, capital equipment and site cost and preparation.

7. Company FEIN#

8. Illinois Unemployment Insurance Number

9. NAICS Number (http://www.naics.com/search.htm) or your tax preparer

10. Correct parcel number

11. Application Fee: $100 or 0.5% of the cost of building materials, whichever is less

Serving Properties of Clark County
PROJECT APPLICATION

PROJECT #_____
will be issued by Zone Administrator upon approval

Please Print

Enterprise Zone Business Name:_____

Project Address:_____

Owner or Contact Person:_____

Address:_____

Phone:_____ Cell#:_____

Email Address:_____

Business Owner (*if different than above)*
Name of Individual or Company:_____

Address:_____

Phone:_____ Cell#:_____

Email Address:_____

Type of Business: _____ Commercial _____ Industrial

Product(s) or Service:_____

Estimated Date of Project Start:_____ Completion:_____
Date must not be earlier than cert date

Estimated Cost of Project: **Abatement of real estate taxes will not be given over amount declared. Tax Increment Financing District by state law cannot receive real estate tax abatement.**

1. Remodeling $_____
2. New Construction Cost $_____
3. Building Materials Cost $_____
4. Capital Equipment $_____
5. Site (purchase and preparation) $_____
6. Cost of Labor $_____

JOBS:

Current Number of Full-time Equivalent Jobs _____(Full-time equivalent jobs are calculated by dividing the total number of hours worked by persons at the project site, whether salaried or hourly by 1,820 hours.)

Jobs Retained due to Project _____

Jobs Created within two years due to Project _____ Construction Jobs at site_____

Description of Project:_____

_____

Federal Employer Identification Number: _____

IL Unemployment Insurance Number: _____

NAICS Code Number: _____

Does this project involve a move from another location?_____

If yes, indicate City and State of previous location: _____

Signature: _____

Project Representative Title Date

(To be filled in by Enterprise Zone Administrator)

Received date: _____

_____**Approved** _____**Denied**

_____**Date** _____**Date**

Application Fee Received:_____

Project Parcel Number:_____

Reply and documents sent: _____**Date**

By Enterprise Zone Administrator: _____

Signature

PROJECT #_____

Project # will be issued by Zone Administrator

All items must be completed on this form before the **Clark County Enterprise Zone Administrator will submit application to the Illinois Department of Revenue** for a sales tax exemption certificate to the contractor and or project owner for the address declared on this application. Each contractor must have their own issued tax exemption certificate issued by the Department of Revenue.

Project/Company Owner Name:_____

Project Address:_____

Contractor:_____

Contractor Address:_____

Contractor Email Address:_____

Contractors Phone #:_____Cell#_____

Contractor/Owners FEIN#:_____

If you do not have an FEIN#, you must go to the Illinois Department of Revenue website and apply for ID# before this application may be processed.

Contract Amount: $_____

Estimated Average Tax Rate: _____%

Percentage of contract that consist of building materials qualifying for exemption: _____%

Estimated cost of Labor $_____

Estimated amount of exemption for purchased materials:$_____

Contractors Starting Date:_____ & Completion Date:_____

This form must be included with the application project for approval to the Clark County Enterprise Zone Administrator!

E-mail Address: nsmitley@marshall-il.com