



City of Monmouth Enterprise Zone Project Application

Monmouth Enterprise Zone Project Number: EZ _____

Let it be known that 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 deduction for that project. Any new project on the same site/premises will require a separate certification by the Illinois Department of Revenue. Please retain a copy of this for your records.

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