

CAL SAG ENTERPRISE ZONE APPLICATION

DATE _____

PART I – PROJECT INFORMATION

To be completed by Project Representative

1. NAME OF OWNER _____ PERSONAL PHONE # _____
2. NAME OF BUSINESS _____ BUSINESS PHONE # _____
3. STREET ADDRESS _____
4. CITY _____ STATE _____ ZIP _____ E MAIL _____
5. NAME OF PROPOSED BUSINESS/COMPANY (If different from applicant)

6. ADDRESS OF PROPOSED PROJECT

 - 6a. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) _____
 - 6b. UNEMPLOYMENT INSURANCE NUMBER (UIN) _____
 - 6c. STANDARD INDUSTRY CODE (SIC CODE) _____
7. NAME OF CONTRACTOR/S (List general contractor and all subs. Each must have their own BMEC (Building Materials Exemption Certificate to purchase materials sales tax exempt).
Use Cal Sag Enterprise Zone-Tax Exempt Subcontractor form to submit the information.
8. GENERAL CONTRACTOR/ NAME _____ FEIN# _____
9. PHONE _____ ADDRESS _____
EMAIL _____
10. GENERAL DESCRIPTION OF PROPOSED PROJECT, including any rehabilitation/remodeling of existing structures, new construction, paving or new equipment.

TYPE AND STYLE OF CONSTRUCTION _____
BUILDING SIZE _____ LOT SIZE _____
TYPE OF BUSINESS _____
DESCRIBE OTHER FEATURES _____
11. PROJECT CLASSIFICATION
COMMERCIAL _____ INDUSTRIAL _____ RETAIL _____
MULTI FAMILY 12 OR MORE UNITS (under same owner) _____
12. EXPECTED START DATE OF PROJECT _____ EXPECTED COMPLETION _____

13. ESTIMATED COST (LABOR AND MATERIALS) OF

A. REMODELING/REHABILITATION	Labor_____	*Materials_____
B. NEW CONSTRUCTION	Labor_____	*Materials_____
Total	Labor_____	*Materials_____

14. NUMBER OF FULL-TIME EQUIVALENT JOBS

A. PRESENTLY AT PROJECT LOCATION _____ B. RETAINED* _____
 C. CREATED ** WITHIN 2 YEARS OF PROJECT COMPLETION _____

* "Retained" means the number of jobs that will remain in the Zone as a result of the investment being made, that otherwise would be lost.

** "Created" means the number of jobs for which persons are newly hired or are expected to be hired within 2 years as a result of the new investment, not including construction jobs. **Owner will be asked to assist us in reporting where these hires are from.**

D. CONSTRUCTION JOBS CREATED _____

15. DOES THIS PROJECT INVOLVE A MOVE FROM ANOTHER LOCATION?

YES _____ NO _____ If yes, indicate City and State _____

16. IS THIS PROJECT LOCATED IN A TIF _____? HAVE YOU RECEIVED, OR WILL YOU BE APPLYING FOR ANY OTHER REAL ESTATE TAX INCENTIVE _____?.

PLEASE EXPLAIN _____

FROM YOUR MOST CURRENT TAX BILL

17. EQUALIZED ASSESSED VALUATION (EAV) OF EXISTING PROPERTY

LAND	_____
IMPROVEMENTS	_____
TOTAL	_____

18. PROPERTY TAX IDENTIFICATION NUMBER _____

19. _____
 Print Name of Project Representative _____ Title _____

 Signature of Project Representative _____ Date _____

20. ENTERPRISE ZONE ADMINISTRATION FEE

Please send your check for 0.005% of Estimated Building Material Cost (Line 13A and/or Line 13B).

\$ _____ (\$200.00 Minimum) Maximum Fee \$50,000.00

PLEASE MAKE CHECK PAYABLE TO: CAL SAG ENTERPRISE ZONE

Mail check to Cal Sag Enterprise Zone

12159 S. Pulaski Road Alsip, Il. 60803 708-653-3122 Attention: Mary Schmidt

E mail application to cal sagezone@aol.com