

Kewanee/Henry County, IL Enterprise Zone Improvements Application

401 E. Third Street Kewanee, IL 61443-2365

The State of Illinois mandates the collection of the information shown below. Non-industrial and non-commercial projects must complete the first eight (8) items. Industrial and Commercial projects must complete all twenty-one (21) items. Failure to provide all of this information will result in the Enterprise Zone permit not being issued. Please complete and return along with building, electrical, plumbing or mechanical permit applications.

1) **Project Address:** _____
Street Address of location where work will be done.

2) **Project Completion Date:** _____
Estimated date when all work covered by the building permit issued for the project will be done.

3) **FEIN# or Applicant ID of Person or Contractor Seeking Materials Sales Tax Exemption:**

4) **Name of Person or Contractor Seeking Materials Sales Tax Exemption:**

5) **Mailing Address of Person or Contractor Seeking Materials Sales Tax Exemption:**

6) **E-mail address of Person or Contractor Seeking Materials Sales Tax Exemption:**

7) **Estimated Cost of Project Building Materials:** _____
The total cost of all materials that will be incorporated into permanent improvements to the property at the project address.

8) **Estimated Sales Tax Exemption based on Cost of Building Materials:** _____
The estimated amount of sales tax payment that will be exempted based on the estimated cost of building materials.

9) **Name of Business:** _____
Name of the business or organization operating at the project address.

10) **FEIN of Business:** _____
Nine digit Federal Employer's Identification Number of business or organization operating at the project address.

11) **UIN of Business:** _____
Unemployment Insurance Number of the business or organization operating at the project address.

- 12) **Estimated Cost of New Construction:** _____
Total cost of new construction including, labor, materials, consultant and legal fees, etc.
- 13) **Estimated Cost of Rehab./Remodeling:** _____
Total cost of rehabilitating or remodeling existing improvements including labor, materials, consultant and legal fees, etc.
- 14) **Estimated Cost of Site:** _____
All costs related to acquiring the site on which the improvements will be made.
- 15) **Estimated Cost of Capital Equipment:** _____
All costs related to acquiring and installing capital equipment on the site. This includes assets such as machine tools, shelving, etc.
- 16) **Estimated Cost of Project Building Materials:** _____
The total cost of all materials that will be incorporated into permanent improvements to the property at the project address. Should match #5.
- 17) **Total Project Cost:** _____
Total cost of new construction plus rehab/remodeling plus site acquisition plus capital equipment plus building materials.
- 18) **Full Time Equivalent Jobs Created:** _____
The number of jobs for which persons are hired or are expected to be hired within one year as a result of the new investments, not including construction jobs or spin-off jobs that may be created at the business operating at the project address..
- 19) **Full Time Equivalent Jobs Retained:** _____
The number of documented jobs that will remain in the Enterprise Zone when it can be publicly documented the business would close operations without Enterprise Zone benefits. Documentation must be attached to this form.
- 20) **Current Employment:** _____
The current number of full time employees and part time employees working at the project location.
- 21) **NAICS 6-digit code:** _____
The North American Industry Classification System 6-digit code for the type of commercial or industrial operation performed on the project location. Codes can be found at the US Census Bureau's NAISC web site.

 Project Representative

 Date