

**West Regional Enterprise Zone
Bellwood, Broadview, Maywood, Melrose
Park, and parts of Unincorporated Cook
County**

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 **Attached form** 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 6 OR MORE UNITS (under same owner) _____

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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.

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 _____

17. EQUALIZED ASSESSED VALUATION (EAV) OF EXISTING PROPERTY LAND (from current tax bill) _____ IMPROVEMENTS _____
TOTAL _____

18. PROPERTY TAX IDENTIFICATION NUMBER (PIN) _____

19. Print Name of Project Representative Title _____

Signature of Project Representative Date

20. ENTERPRISE ZONE ADMINISTRATION FEE Please send your check for 0.5% of Estimated Building Material Cost (Line 13A and/or Line 13B). \$ _____ (\$200.00 Minimum) Maximum Fee \$50,000.00

Please remit payment to: West Regional Enterprise Zone

Attn: Angela Smith

40 W. Madison St.

Maywood, IL 60153

angela@westregionalez.com

