



Serving Properties in the City of Mt. Carmel and Wabash County

MT. CARMEL/WABASH ENTERPRISE ZONE APPLICATION INSTRUCTIONS

**PLEASE READ CAREFULLY BOTH THE ENTERPRISE ZONE APPLICATION FORM
AND SALES TAX CERTIFICATE.**

**THE APPLICATION FORM MUST BE COMPLETED BY APPLICANT AND
POTENTIAL CONTRACTOR THEN CERTIFIED BY THE ENTERPRISE ZONE
ADMINISTRATOR **BEFORE** YOU ARE ELIGIBLE FOR INCENTIVES!**

Information and items needed to complete applications:

1. Approved building permit
2. Project address
3. Contractors names & address
4. Number of full and part time employees
5. Starting date & completion date
(The starting date must not be sooner than approval date of application)
6. Project cost (include all cost & capital equipment)
7. Federal employers ID#
8. Illinois Unemployment Insurance number
(A new company can notify us of these new numbers when received)
9. NAICS Number (<http://www.naics.com/search.htm>) or your tax preparer
10. Copy of deed & correct parcel number

***Reporting Instructions**

Applicants are also now required to file reports with the Illinois Department of Revenue upon receiving Enterprise Zone incentives. You are highly recommended to visit this website for Frequently Asked Questions regarding the program.

<http://www.revenue.state.il.us/Businesses/Incentives/>

If you have any questions in completing these application forms, contact:

Ryan Turner

City Clerk

Phone (618)262-4822 Fax (618) 262-4208

cityclerk@cityofmtcarmel.com



MOUNT CARMEL / WABASH ENTERPRISE ZONE PROJECT INFORMATION

Project # _____ Business Name : _____

E-Zone project address: _____

Owner or Contact Person: _____

Address: _____ Phone: _____

Email address: _____ Fax Number: _____

Tax mailing address: _____

Business owner (if different than Contact)

Name of Individual or Company: _____

Address: _____ Phone: _____

Type of Business: _____ Commercial _____
Industrial

Product(s) or Service: _____

Permanent (full-time) employees: _____ Temporary (full-time) employees: _____

Estimated Date of Project Start: _____ Completion: _____

Estimated Cost of Project: (Amounts for 1 and/or 2 must coincide with building permit.) Abatement of real estate taxes or sales tax exemption will not be given over amounts declared.

1) Remodeling \$ _____

2) New Construction Cost \$ _____

3) Building Materials Cost \$ _____

4) Capital Equipment \$ _____

5) Site (purchase and preparation) \$ _____

JOBS: Number of Full-time Equivalent Jobs – (Total hours worked by full-time and part-time employees divided by 40).

Retained due to project: _____ Created within one year due to project: _____.



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 of Project Representative

Title

Date

NOTE: A COPY OF THE APPROVED BUILDING PERMIT AND PARCEL NUMBER MUST BE SUBMITTED BEFORE PROJECT WILL BE APPROVED.

(To be filled in by Enterprise Zone administrator.)

Township: _____ Tax Code: _____

Building Permit # _____

Grantor: _____

Number _____

Date _____

(Dollar Amount of Building Materials from #3 on front): _____

X .005 = _____ Enterprise Zone

Project is: Accepted _____ Rejected _____

Comments:

Place E-Zone
Approval stamp below

Enterprise Zone Administrator