



## Project Application For Sales Tax Exemption

☐ River Edge Zone      ☐ Enterprise Zone 1      ☐ I-90 Enterprise Zone

**PLEASE WRITE LEGIBLY AND COMPLETE ALL FIELDS.**  
THE INFORMATION REQUESTED IS REQUIRED BY THE ILLINOIS DEPARTMENT OF REVENUE.

### BUSINESS INFORMATION

Legal Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Federal Employer Identification Number (FEIN): \_\_\_\_\_  
Unemployment Insurance Number (UIN): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### PROJECT INFORMATION

Project Name: \_\_\_\_\_  
Project Address (No P.O. Boxes): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Property ID Number: \_\_\_\_\_  
Project Description (i.e. rehab, new construction, expansion, new location etc.): \_\_\_\_\_

Building Permit Issue Date: \_\_\_\_\_ FTE Covered Employees at Project Initiation: \_\_\_\_\_  
FTE Jobs Created: \_\_\_\_\_ FTE Jobs Retained: \_\_\_\_\_

Note: "FTE Jobs Created" means full time equivalent jobs for which persons are hired or are expected to be hired within one year of the new investment (do not include construction jobs or spinoff jobs). "FTE Jobs Retained" means the number of jobs that will remain in the zone when it can be publicly documented that the business would have otherwise closed operations without the enterprise zone benefits.

Land      \$ \_\_\_\_\_ + Building Acquisition      \$ \_\_\_\_\_ + Machinery & Equipment      \$ \_\_\_\_\_  
+ Other      \$ \_\_\_\_\_ = **Total Project Cost**      \$ \_\_\_\_\_

## PROJECT ESTIMATES

Estimated project completion date: \_\_\_\_\_

It is required to report actual project information within 30 days of the project completion. The Project Completion Report can be found at [www.rockfordil.gov](http://www.rockfordil.gov). (City Departments\Community & Economic Development\Economic Development\Enterprise Zones or Riveredge Zone under the Building Material Sales Tax Exemption heading.

Estimated building material cost: \$ \_\_\_\_\_

Estimated labor cost: \$ \_\_\_\_\_

Estimated FTE covered employees at project completion: \_\_\_\_\_

## CONTRACTOR APPLICATION DETAILS

Anticipated number of contractors applying for certificates: \_\_\_\_\_

Who will pay for Admin fees? (self pay, or will GC or owner cover?) \_\_\_\_\_

Please note, a separate Addendum A Contractor's Application is needed for each contractor purchasing materials.

\_\_\_\_\_  
Signature – Project Representative

\_\_\_\_\_  
Title-Project Representative

Please submit the Project Application For Eligibility For Sales Tax Exemption to  
City of Rockford  
425 E. State Street  
2<sup>nd</sup> Floor  
Rockford, IL 61104  
Or by fax to 779-235-5645

## CERTIFICATION OF ELIGIBILITY

This is to certify that the project named above is located within the Rockford Enterprise Zone 1 or I-90 Enterprise Zone and is eligible for the State of Illinois and Local Sales Tax Exemption on building materials associated with rehabilitation, renovation, and/or new construction for this project. Once the rehabilitation, renovation, and/or new construction is complete and all building materials required for this project have been acquired, the owner, general contractor and/or sub-contractors are no longer eligible for exemption for this 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 application for your records.

\_\_\_\_\_  
Sarah Leys, Zone Administrator

\_\_\_\_\_  
Submission Date