



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. (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
2nd 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