

# MACOMB/BUSHNELL ENTERPRISE ZONE PROJECT APPLICATION

THE BUILDING MATERIALS EXEMPTION CERTIFICATE WILL NOT BE ISSUED UNTIL THIS COMPLETED APPLICATION HAS BEEN SUBMITTED TO THE ENTERPRISE ZONE ADMINISTRATOR  
309/837-4684 office .... 309/837-4688 fax

Date \_\_\_\_\_

**REQUIRED:** Property Tax Parcel ID Number \_\_\_\_\_

Street Address of Project: \_\_\_\_\_ Macomb, IL 61455

Property Owner/Business Name: \_\_\_\_\_

## ENTERPRISE ZONE ONLINE CERTIFICATION PROCESS

Go to [tax.illinois.gov](http://tax.illinois.gov)

Click on "Business Incentives Reporting and Building Material Exemption Certificate" link

Click on "Building Material Exemption Certificate application" link to secure your Applicant ID number

Applicant Name (Contractor): \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

**REQUIRED:** Applicant ID Number \_\_\_\_\_ **REQUIRED:** Federal Employment Identification Number (FEIN) \_\_\_\_\_

Type of Project (check one):  COMMERCIAL  INDUSTRIAL

Project Description \_\_\_\_\_

Check all that apply:

REHAB/REMODELING  NEW CONSTRUCTION  CAPITAL EQUIPMENT  SITE

**REQUIRED:** TOTAL ESTIMATED COST OF IMPROVEMENTS \$ \_\_\_\_\_ (must equal break-out below)

LABOR \$ \_\_\_\_\_  
MATERIALS \$ \_\_\_\_\_

Name of Project Representative: \_\_\_\_\_

Printed

Signature

**MACOMB/BUSHNELL ENTERPRISE ZONE  
PROJECT APPLICATION**

**Bushnell does NOT require a building permit**

Has the building permit been issued for this project? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, building permit # \_\_\_\_\_

Building Permit Issue Date \_\_\_\_\_ 20\_\_

Building Permit Expiration Date \_\_\_\_\_ 20\_\_

**--STOP--**

**OFFICE USE ONLY**

**THE FOLLOWING QUESTIONS PERTAIN TO THE BUSINESS/INDUSTRY WHERE THE PROJECT IS BEING COMPLETED:**

Number of Full-time Equivalent (FTE) jobs presently at project? \_\_\_\_\_

Number of FTE jobs to be retained as a result of this project? \_\_\_\_\_

Number of FTE jobs to be created within one year of completion? \_\_\_\_\_

**OFFICE USE ONLY**

DATE APPLICATION SUBMITTED \_\_\_\_\_

ORIGINATING OFFICE \_\_\_\_\_ BUSHNELL CITY CLERK  
\_\_\_\_\_ MACOMB COMMUNITY DEVELOPMENT OFFICE  
\_\_\_\_\_ McDONOUGH COUNTY CLERK

\_\_\_\_\_  
SIGNATURE: CLERK OR COMMUNITY DEVELOPMENT COORDINATOR

**MAIL A COPY OF THIS APPLICATION TO THE TOWNSHIP ASSESSOR AND COUNTY ASSESSOR**