



Village of Rantoul  
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**ENTERPRISE ZONE PROJECT APPLICATION**

Project # (assigned by enterprise zone office): \_\_\_\_\_

**PLEASE PRINT:**

Enterprise Zone Applicant Business Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner or Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

**Business Owner:**

Name of Individual or Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial

Product(s) or Service(s): \_\_\_\_\_

Estimated Date of Project Start (*Date must not be earlier than certificate date*): \_\_\_\_\_

Estimated Date of Project Completion: \_\_\_\_\_

**Building Permit:** Number \_\_\_\_\_ Date \_\_\_\_\_

**General Description of Proposed Project** (*Include any rehabilitation/remodeling of existing structures, new construction, major paving or new equipment. Use additional sheet if necessary.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Cost of Project:**

1. Building Material Cost for Remodeling:	\$ _____
2. Estimated Cost of Labor for Remodeling Project:	\$ _____
3. Total Cost of Remodeling (1 & 2):	\$ _____
4. Building Materials Cost for New Construction:	\$ _____
5. Estimated Cost of Labor for New Construction:	\$ _____
6. Total Cost of New Construction (4 & 5):	\$ _____
7. Cost of Capital Equipment:	\$ _____
8. Cost of Site (purchase & preparation):	\$ _____
9. Total Cost of Building Materials (1 & 4):	\$ _____
10. Total Cost of Labor (2 & 5):	\$ _____
11. Total Project Cost (7 & 8 & 9 & 10):	\$ _____

**Job Creation:**

- Employees Retained due to this project (means the number of documented jobs that will remain in the zone when it can be publicly documented the business would close operations without enterprise zone benefits) (attach documentation): \_\_\_\_\_
- Estimated Number of Full-time Equivalent Jobs\* created at the business site (means the number of jobs for which persons are hired or are expected to be hired within one year as a result of the new investment, not including construction jobs or spinoff jobs that may be created): \_\_\_\_\_
- Estimated Number of Full-Time Equivalent Construction Jobs\* to be working at the project site: \_\_\_\_\_

\* Full-time equivalent jobs are calculated by dividing the total number of hours worked by persons at the project site, whether salaried or hourly, by 1,820 hours.

**Permanent Parcel Number(s) of Project Location:** \_\_\_\_\_

**Does Project Involve a Move from Another Location?**    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

If yes, indicate city and state: \_\_\_\_\_

**NAICS Code** (6 digit industry code): \_\_\_\_\_

NAICS Codes may be viewed online at: <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007>

**Federal Employment Identification Number (FEIN)** (nine digits): \_\_\_\_\_

**Illinois Unemployment Insurance Number:** \_\_\_\_\_

**Project Representative:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cell#: \_\_\_\_\_

**Signature of Owner or Project Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

.....  
(To Be Completed by Enterprise Zone Administrator)

Application Received: \_\_\_\_\_

Application Approved: \_\_\_\_\_

Certification Requested through IDOR: \_\_\_\_\_

\_\_\_\_\_  
Enterprise Zone Administrator

\_\_\_\_\_  
Date

.....  
A copy of the approved building permit, parcel number(s), and contractor information forms must accompany application before project will be approved to go forward with sales tax exemption application to the Illinois Department of Revenue.

Do not order or purchase building materials before your sales tax certificate is issued. All information requested on the Sales Tax Exemption Application form must be completed. This is required by law.

Each contractor or other entity that purchases building materials to be incorporated into real estate within a state certified enterprise zone by rehabilitation, remodeling or new construction must complete the required form provided to receive the sales tax exemption certificate from the Illinois Department of Revenue. Please make as many copies of the contractor information form as needed.

Contractor Information Form

All items must be completed on this form before the Rantoul Enterprise Zone Administrator will submit application to the Illinois Department of Revenue for a sales tax exemption certificate to be issued to the contractor for this project. Each contractor and sub-contractor must have their own issued tax exemption certificate issued by the Illinois Department of Revenue.

**Project Name:** \_\_\_\_\_

**Contractor Information:**

Contractor/Company Name: \_\_\_\_\_

Trade: \_\_\_\_\_

Owner: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Tax Mailing Address: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Illinois Unemployment Insurance Number (UIN): \_\_\_\_\_

Illinois Department of Revenue Applicant ID#: \_\_\_\_\_

Number of Workers Projected at Project Site: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Building Materials Exemption:**

Contract Amount: \_\_\_\_\_

Estimated Average Tax Rate: \_\_\_\_\_

Percentage of Contract that Consists of Building Materials Qualifying for Exemption: \_\_\_\_\_

Estimated Dollar Amount of Exemption for Purchased Materials: \_\_\_\_\_

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date