

CLARK COUNTY ENTERPRISE ZONE
COMMERCIAL/INDUSTRIAL PROJECT APPLICATION

(PLEASE TYPE OR PRINT)

Name of Business: _____

Federal ID#: _____ UIN#: _____

NAICS Code: _____

Street address: _____

City: _____ Zip: _____

Name of business (If different from applicant): _____

Street address of proposed project: _____

Name(s) listed as owner(s) of property: _____

General description of proposed project, including any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. Use an additional sheet to show a rough plat of land, existing buildings and proposed improvement:

Project start date: _____

Project completion date: _____

Project classification: (check one) Commercial: _____ Industrial: _____

Estimated cost of:

New Construction: \$ _____

Rehabilitation/Remodeling: \$ _____

Site: \$ _____

Capital Equipment: \$ _____

Project Building Materials \$ _____

Total project costs: \$ _____

Number of full-time equivalent jobs:

Current Employment at location: _____

Retained*: _____

Created**: _____

* "Retained" means number of jobs that will remain in the zone as a direct result of the new investment being made.

** "Created" means the number of jobs for which persons are hired or expected to be hired within two (2) years as a result of the new investment, not including construction jobs or spin-offs that may be created.

Does this project involve a move from another location?: (check one) Yes _____ No _____

If yes, indicate from what city and state?: _____

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The undersigned applicant hereby declares that all information provided in this application to be true and accurate to the best of his/her knowledge.

Name of Applicant: _____ Title: _____
(Print)

Applicant's signature: _____ Date: _____

Applicant's mailing address:

Applicant's telephone numbers: Work: () _____
Home () _____
FAX: () _____

E-Mail address: _____

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:

JULIE BOUNDS
CLARK COUNTY ENTERPRISE ZONE
201 SOUTH MICHIGAN AVENUE
P.O. BOX 298
MARSHALL, ILLINOIS 62441

Telephone number: (217) 826-8084
FAX number: (217) 826-2949

E-mail address jbounds@marshall-il.com

For Clark County Enterprise Zone Use ONLY

Received Date: _____
Approved () Date: _____
Disapproved () Date: _____

Project Parcel Number: _____

Reply and documents sent Date: _____

By E.Z. Representative: _____
Signature