



ENTERPRISE ZONE PROGRAM
UTILITY TAX ORIGINAL EXEMPTION

PART A: LEGAL APPLICANT

NAME OF APPLICANT: D/B/A (if applicable)	
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ADDRESS: (For Each Location)	FEIN	IBT

COMPANY CONTACT PERSON:	TITLE:	PHONE NUMBER:
ADDRESS:	EMAIL:	

NAME OF ENTERPRISE ZONE:	
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Enterprise Zone Administrator Certification Letter	Date Verified:
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Please indicate in the appropriate box which statutory criterion the applicant is using to qualify for this tax exemption.

<input type="checkbox"/>	INVESTMENT OF \$5 MILLION AND CREATION OF 200 FTE JOBS:	Complete PART C	<input type="checkbox"/>	INVESTMENT OF \$175 MILLION AND CREATION OF 150 FTE JOBS:	Complete PART C	<input type="checkbox"/>	INVESTMENT OF \$20 MILLION AND RETENTION OF 1,000 FTE JOBS:	Complete PART D
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PART B: INVESTMENT INFORMATION (ATTACH ADDITIONAL SHEETS IF NEEDED)



Illinois
Department of Commerce
& Economic Opportunity

ENTERPRISE ZONE
UTILITY TAX
ORIGINAL EXEMPTION

OFFICE OF BUSINESS DEVELOPMENT

Bruce Rauner, Governor

LONG DISTANCE PROVIDERS (<u>and</u> their mailing addresses):	ACCOUNT NUMBERS:

PART C: JOB CREATION

1. Complete the table below by entering the total number of full-time equivalent (FTE) jobs created.



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Job Title	Average Annualized Wage	Number of Direct Hire Jobs*	Number of Contractual Jobs**	Starting Date	Project Address	Are Jobs Within Enterprise Zone?
Manufacturing/ Industrial						<input type="checkbox"/> YES <input type="checkbox"/> NO
Administrative/ Office						<input type="checkbox"/> YES <input type="checkbox"/> NO
Manager/ Supervisor						<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive						<input type="checkbox"/> YES <input type="checkbox"/> NO
Other						<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL						

*1 FTE= 35+ hrs. per week.

**1 FTE= 1,820 hrs. per year.

2. **Additionally, provide a detailed list of employees. Please include date of hire, total amount of hours worked to date (over previous 12 month period), and whether they are full-time, part-time or contractual employees. Clearly indicate the starting date you are using for total hours worked.**

3. Provide a detailed explanation of how and why the investment and exemption caused the required job creation.



PART D: JOB RETENTION

1. Complete the table below by entering the total number of full-time retained (FTR) jobs.

Job Title	Average Annualized Wage	Number of Retained Direct Hire Jobs*	Number of Retained Contractual Jobs**	Project Address of Retained Jobs	Are Jobs Within Enterprise Zone?
Manufacturing/ Industrial					<input type="checkbox"/> YES <input type="checkbox"/> NO
Administrative/ Office					<input type="checkbox"/> YES <input type="checkbox"/> NO
Manager/ Supervisor					<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive					<input type="checkbox"/> YES <input type="checkbox"/> NO
Other					<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL					

*1 FTR=35+ hrs. per week.

**1 FTR= 1,750 contract work hrs.

2. **Additionally, provide a detailed list of employees. Please include date of hire, total amount of hours worked to date (over previous 12 month period), and whether they are full-time, part-time or contractual employees. Clearly indicate the starting date you are using for total hours worked.**

3. Provide a detailed explanation of how the continuance of the jobs to be retained at the specific facility(ies) or site(s) identified in this application are threatened by a specific and demonstrable threat.



PART E: MULTIPLE FACILITIES

More Than One Facility. Businesses owning and operating more than one facility located in Illinois Enterprise Zones shall qualify for this exemption by combining their investments and jobs created or retained if the business can demonstrate that the manufacturing processes at each location are interrelated. The Department considers the manufacturing processes to be interrelated if the facilities act as one functional unit in the manufacture of the final product. Proof of such interrelationship shall include, but is not limited to, internal memoranda, flow charts, narrative descriptions, organization charts, annual reports, or any other written documentation that demonstrates that the manufacturing processes are interrelated. The majority of jobs shall be located in one or more Illinois Enterprise Zones.

1. Explain how the various locations are interrelated:

2. Please provide supporting documentation showing interrelatedness.



PART F: FORM ITR-1

Complete and submit Form ITR-1 to IDOR:

<http://www.revenue.state.il.us/TaxForms/Misc/Clearance/ITR-1.pdf>

Please fill out line 13 of Form ITR-1 with our contact information. This form is required. We cannot begin processing your application until receipt of the completed form from IDOR.

PART G: COMPANY TAX CERTIFICATION AND INFORMATION SHARING

The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company also certifies that no tax liens, including but not limited to municipal, county, state or federal liens, have been filed against the company, the majority shareholders of the company, or in the name of related business owned by the applicant.

This document authorizes the Illinois Department of Revenue to share specific tax data related to requests made by the Department of Commerce and Economic Opportunity for purposes of awarding business incentives.

The company certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief. The company certifies that the individual below is duly authorized to sign on its behalf.

SIGNATURE: _____

PRINTED/TYPED NAME
AND TITLE OF EXECUTIVE

NAME OF COMPANY

DATE:



PART H. CERTIFICATION

I certify that to the best of my knowledge and belief, data and other information in this application are true and correct. I agree to provide representatives of the Department of Commerce and Economic Opportunity access to any and all material, documentation, and other data required to verify the information contained in this application.

I certify and provide assurance that the applicant is not aware of a condition or occurrence which would result in bankruptcy or closure. In the event that the employment criteria is not fulfilled for the duration of the exemption, I accept responsibility for notifying DCEO immediately, in which case eligibility for the exemption is terminated.

SIGNATURE: _____

PRINTED/TYPED NAME
AND TITLE OF EXECUTIVE

NAME OF COMPANY

DATE:

PART I: SUBMISSION

- PLEASE SUBMIT ONLY ONE COPY OF THE APPLICATION, including all attachments to DCEO for review. APPLICATIONS MAY BE SUBMITTED BY EMAIL OR US POSTAL:**

Department of Commerce and Economic Opportunity
Enterprise Zone Program
500 East Monroe, Fourth Floor
Springfield, Illinois 62701

EMAIL: CEO.EZHelp@illinois.gov

- The format of this application may be reproduced and completed in expanded form provided the final application is presented in bound form or loose leaf notebook. All pages must be numbered in sequence and attachments labeled.
- NOTE: DCEO is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under PA 84-1118 and PA 84-1124. Disclosure of this information is voluntary; however, failure to comply may result in this application not being processed.