



*Serving Properties in the City of Mt. Carmel and Wabash County*

## **MT. CARMEL/WABASH ENTERPRISE ZONE APPLICATION INSTRUCTIONS**

**PLEASE READ CAREFULLY BOTH THE ENTERPRISE ZONE APPLICATION FORM  
AND SALES TAX CERTIFICATE.**

**THE APPLICATION FORM MUST BE COMPLETED BY APPLICANT AND  
POTENTIAL CONTRACTOR THEN CERTIFIED BY THE ENTERPRISE ZONE  
ADMINISTRATOR **BEFORE** YOU ARE ELIGIBLE FOR INCENTIVES!**

Information and items needed to complete applications:

1. Approved building permit
2. Project address
3. Contractors names & address
4. Number of full and part time employees
5. Starting date & completion date  
**(The starting date must not be sooner than approval date of application)**
6. Project cost (include all cost & capital equipment)
7. Federal employers ID#
8. Illinois Unemployment Insurance number  
**(A new company can notify us of these new numbers when received)**
9. NAICS Number (<http://www.naics.com/search.htm>) or your tax preparer
10. Copy of deed & correct parcel number

### **\*Reporting Instructions**

Applicants are also now required to file reports with the Illinois Department of Revenue upon receiving Enterprise Zone incentives. You are highly recommended to visit this website for Frequently Asked Questions regarding the program.

<http://www.revenue.state.il.us/Businesses/Incentives/>

If you have any questions in completing these application forms, contact:

Rudy L. Witsman

City Clerk

Phone (618)262-4822 Fax (618) 262-4208

[rudyw@cityofmtcarmel.com](mailto:rudyw@cityofmtcarmel.com)



## MOUNT CARMEL / WABASH ENTERPRISE ZONE PROJECT INFORMATION

Project # \_\_\_\_\_ Business Name : \_\_\_\_\_

E-Zone project address: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax mailing address: \_\_\_\_\_

**Business owner** *(if different than Contact)*

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

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

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

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

Permanent (full-time) employees: \_\_\_\_\_ Temporary (full-time) employees: \_\_\_\_\_

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

Estimated Cost of Project: (Amounts for 1 and/or 2 must coincide with building permit.) Abatement of real estate taxes or sales tax exemption will not be given over amounts declared. **Tax Increment Taxing Areas (TIF) cannot receive real estate tax abatement.**

1) Remodeling \$ \_\_\_\_\_

2) New Construction Cost \$ \_\_\_\_\_

3) Building Materials Cost \$ \_\_\_\_\_

4) Capital Equipment \$ \_\_\_\_\_

5) Site (purchase and preparation) \$ \_\_\_\_\_

**JOBS:** Number of Full-time Equivalent Jobs – (Total hours worked by full-time and part-time employees divided by 40).

Retained due to project: \_\_\_\_\_ Created within one year due to project: \_\_\_\_\_.



Description of project: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

IL Unemployment Insurance Number: \_\_\_\_\_

NAICS Code Number: \_\_\_\_\_

Does this project involve a move from another location? \_\_\_\_\_

If yes, indicate city and state of previous location: \_\_\_\_\_

Signature of Project Representative

Title

Date

**NOTE: A COPY OF THE APPROVED BUILDING PERMIT, PARCEL NUMBER OR COPY OF DEED MUST BE SUBMITTED BEFORE PROJECT WILL BE APPROVED.**

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(To be filled in by Enterprise Zone administrator.)

Township: \_\_\_\_\_ Tax Code: \_\_\_\_\_

Building Permit # \_\_\_\_\_

Grantor: \_\_\_\_\_

Number \_\_\_\_\_

Date \_\_\_\_\_

(Dollar Amount of Building Materials from #3 on front): \_\_\_\_\_

X .005 = \_\_\_\_\_ Enterprise Zone

Project is: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Comments:

Place E-Zone  
Approval stamp below

Signature of Enterprise Zone Administrator