

BEDFORD PARK ENTERPRISE ZONE APPLICATION

DATE _____

PART I – PROJECT INFORMATION

To be completed by Project Representative (Property owner OR business owner)

1. NAME OF OWNER _____ PERSONAL PHONE # _____
2. NAME OF BUSINESS _____ BUSINESS PHONE # _____
3. STREET ADDRESS _____
4. CITY _____ STATE _____ ZIP _____ E MAIL _____
5. NAME OF PROPOSED BUSINESS/COMPANY (If different from applicant)

6. STREET ADDRESS OF PROPOSED PROJECT _____
 - 6a. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) _____
 - 6b. UNEMPLOYMENT INSURANCE NUMBER (UIN) _____
 - 6c. STANDARD INDUSTRY CODE (SIC CODE) _____

CONTRACTOR/S: List general contractor and all subs. Each must have their own BMEC (Building Materials Exemption Certificate). (Use a separate sheet to list, if necessary).

7. CONTRACTOR/SUB CONTRACTOR NAME _____ FEIN# _____
 - 7a. Estimated # of construction jobs this project will create _____
8. PHONE _____ ADDRESS _____
EMAIL _____ COST OF CONTRACT _____
COST OF BUILDING MATERIALS _____ **do not purchase materials prior to application submission*
9. General description of proposed project, including any rehabilitation/remodeling of existing structures, new construction, major paving or new equipment. (Use additional sheet if necessary).
TYPE AND STYLE OF CONSTRUCTION _____
BUILDING SIZE _____ LOT SIZE _____
TYPE OF BUSINESS _____
DESCRIBE OTHER FEATURES _____
10. PROJECT CLASSIFICATION
COMMERCIAL _____ INDUSTRIAL _____ RETAIL _____
12. EXPECTED START DATE OF PROJECT _____ EXPECTED COMPLETION _____
13. ESTIMATED COST (LABOR AND MATERIALS) FOR **do not purchase materials prior to application submission*
 - A. REMODELING/REHABILITATION: Labor _____ Materials _____
 - B. NEW CONSTRUCTION: Labor _____ Materials _____

C. CAPITAL EQUIPMENT: _____ D. SITE COST OR VALUE (IF PRE-OWNED) _____

14. NUMBER OF FULL-TIME EQUIVALENT JOBS

A. PRESENTLY AT PROJECT LOCATION _____ B. *RETAINED _____

C. **CREATED WITHIN TWO YEARS OF PROJECT COMPLETION _____

**Retained = number of jobs that will remain in the zone because of the new investment being made, that otherwise would be lost.*

***Created = number of jobs for which persons are newly hired (not transferred in-State) or are expected to be hired within 2 years because of the new investment, not including construction jobs or spin-offs that may be created.*

15. DOES THIS PROJECT INVOLVE A MOVE FROM ANOTHER LOCATION?

YES _____ NO _____ If yes, indicate city and state. _____

16. IS THIS PROJECT LOCATED IN A TIF _____? HAVE YOU RECEIVED, OR WILL YOU APPLY FOR ANY OTHER REAL ESTATE TAX INCENTIVE _____? If yes, please explain. _____

FROM YOUR MOST CURRENT TAX BILL

17. PROPERTY TAX IDENTIFICATION NUMBER _____

18. _____
Print Name of Project Representative Title

Signature of Project Representative Date

19. ZONE ADMINISTRATION FEE: *MAKE CHECK PAYABLE TO BEDFORD PARK ENTERPRISE ZONE*

Please enclose your check for 0.5% of Estimated Building Material Cost (Line 13A and/or Line 13B).

\$ _____ (\$200.00 Minimum)

**Bedford Park Enterprise Zone
c/o Lawrence R, Gryczewski, Enterprise Zone Administrator
10660 W. 143rd Street, Suite A
Orland Park, Illinois 60462**

708-403-5600 Irglaw03@sbcglobal.net

PART II MUST BE COMPLETED & RETURNED TO ZONE OFFICE WHEN PROJECT IS FINISHED

10/4/2018

BEDFORD PARK ENTERPRISE ZONE PROJECT REPORT

**PART II – PROJECT COMPETITION INFORMATION
TO BE COMPLETED BY APPLICANT WHEN PROJECT IS FINISHED**

- A. DATE OF PROJECT COMPLETION _____

- B. TOTAL BUILDING MATERIAL COSTS _____
TOTAL LABOR COSTS _____
OF EMPLOYEES PRIOR TO CONSTRUCTION _____
OF EMPLOYEES AT PROJECT COMPLETION _____

Return to BEDFORD PARK ENTERPRISE ZONE

lrglaw03@sbcglobal.net Lawrence R. Gryczewski, Zone Administrator

Questions 708-403-5600

Updated 10/4/2018