

BEDFORD PARK ENTERPRISE ZONE APPLICATION

DATE _____

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) _____
7. CONTRACTOR/S: List general contractor and all subs. Each must have their own Building Material Exemption Certificate). Use spread sheet provided to submit all contractors.
CONTRACTOR/SUB CONTRACTOR NAME _____ FEIN# _____
PHONE _____ ADDRESS _____
EMAIL _____ COST OF CONTRACT _____
COST OF BUILDING MATERIALS _____ **do not purchase materials prior to application submission*
- 7a. Estimated # of construction jobs this project will create _____
8. 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 _____
9. PROJECT CLASSIFICATION
COMMERCIAL _____ INDUSTRIAL _____ RETAIL _____
10. EXPECTED START DATE OF PROJECT _____ EXPECTED COMPLETION _____
11. ESTIMATED COST (LABOR AND MATERIALS) **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) _____

12. 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.*

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

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

14. 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

15. PROPERTY TAX IDENTIFICATION NUMBER _____

16. _____

Print Name of Project Representative

Title

Signature of Project Representative

Date

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

Please enclose your check for 0.005 of Estimated Building Material Cost (Line 11A and/or Line 11B).

\$ _____ (\$200.00 Minimum/\$50,000. Maximum)

Fee is 1/2 of 1% on building materials as allowable by State Statute.

Projects whose materials estimate significantly exceed amount on application, may be liable for addition administration fee.

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 lrglaw03@sbcglobal.net

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

BEDFORD PARK ENTERPRISE ZONE PROJECT REPORT

PROJET NAME _____

PROJECT ADDRESS _____

PHONE _____ **EMAIL** _____

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

A. DATE OF PROJECT COMPLETION _____

B. TOTAL BUILINDG MATERIAL COSTS _____

TOTAL LABOR COSTS _____

OF EMPLOYEES PRIOR TO CONSTRUCTION _____

OF EMPLOYESS AT PROJECT COMPLETION _____

Return project close form to BEDFORD PARK ENTERPRISE ZONE
C/O Mary Schmidt Zone Assistant calsagezone@aol.com

Lawrence R. Gryczewski, Zone Administrator

01/2021