

Leah Dellicarpini, Economic Development Director 101 South Broadway | Salem, Illinois 62881 618-548-2222 x16 | ecodev@salemil.us

Salem/Marion County Enterprise Zone Project Application

Part I: Application

Please Print

Enterprise Zone Business P	roject Name:	
		Cell Phone #:
		IL Unemployment Insurance Number:
Business Owner (if different	than contact)	
		Email address:
		n, expansion, new location etc.):
		· · ·
etc. Attach aerial photo if ava	ailable.):	nation may include legal description, parcel number, mailing address,
Estimated Date of Project Sta	rt:	Estimated Completion Date:
Does this project involve a me	ove from another loc	eation? (Yes/No)
If yes indicate city and state of	of previous location:	

Estimated Cost of Project: Please provide documentation for all expenses (estimates	, bids, quotes, etc)
1. Site acquisition	
2. Site work/preparation	
3. New construction	
4. Rehabilitation/repair	
5. Purchase of Capital Equipment	
6. Labor Cost	
7. Other	
TOTAL:	

JOBS:	
Current number of full-time equivalent jobs	
Jobs retained due to the project	
Jobs created within one year due to the project	
Total full-time equivalent jobs at project completion	
TOTAL:	

Applications submitted must be signed by an authorized person making application. By signing and submitting this application, you thereby acknowledge and authorize the following:

- This application and supporting documentation is subject to the Freedom of Information Act (5 ILCS 120). The City of Salem will do its best to protect the information the Applicant deems to be private, but may otherwise be required by law to make the same available for public review. Applicant shall point out all information that may be deemed private.
- The City of Salem may share your application and supporting documentation to advisers, consultants, the City Attorney, County Supervisor of Assessments, County Treasurer, or individuals selected by the City Manager to serve on a review committee, if necessary, to make a final determination on eligibility and approval of application.
- All construction materials purchased with the Enterprise Zone sales tax exemption will be installed into the real estate at the location of the business project for which you are applying.
 - o A separate Enterprise Zone Building Materials Exemption Certificate application is required.
- Enterprise Zone benefits (property tax exemption, sales tax exemption, etc.) received are required to be reported to the Illinois Department of Revenue by May 31st of the following year by visiting
 https://www2.illinois.gov/rev/businesses/incentives/Pages/default.aspx. I understand that failure to report and report accurately can result in losing the ability to participate in the Enterprise Zone program in the future.
- Approved applicants will be required to report closing cost and jobs created numbers to Leah Dellicarpini, Enterprise Zone Administrator, at project completion.

Signature:			
	Project Representative	Title	Date

Submit complete application to Leah Dellicarpini, Economic Development Director, City of Salem, 101 S. Broadway, Salem, IL 62881

Part II - To be completed by Enterpris	e Zone Administrato	r/City Staf	f		
A. Date application received by Z	one Administrator:				
	Date application received by Zone Administrator: Date Building Permit Issued: Building Permit #:				
C. Construction Value of Projects					
D. Classification of Project: ☐ Co					
E. Anticipated Project Completion					
F. Assigned Enterprise Zone Proj					
Signature – Zone Administrato	r			Date	
Signature Zone reministrate	•			Bate	
Part III - To be completed by Supervi A. Parcel Identification Number(
B. Current EAV of Project Site:					
v					
C. Estimated EAV of Project Site					
	Land:	_			
Upon completion of the Project and I	Reassessment:				
D. Actual EAV (tax year in whic					
Certification of Data (Part III, Section					
	,				
Signature – Supervisor of Assessmen	ts	Date			
To be completed by County Clerk:					
E. Tax Rate Amount Currently E	ligible for Abatement	:		/\$100 EAV	
F. *Estimated Amount of Abater					
G. Actual Amount of Abatement	for this Project:				
5. Actual Amount of Addictifetit	•	·			
Certification of Assessment (Part III,		Ŧ		10 1000	
Cianatana Carata Cl. I		D (
Signature – County Clerk		Date	Date		