

Name of Project _____

Project Address _____ Unit/Suite _____

Brief Description of Project:

Federal Employer Identification Number (FEIN): ____ - ____ - ____ - ____ - ____

Will the Business generate sales tax? YES NO If yes, State Sales Tax (IBT) #: _____ - _____ - _____

Property Owner Contact Information

Legal Name of Property Owner _____

Property Owner's Contact Person _____

Contact Address _____

Contact Phone _____ Contact Email _____

Project Estimates

Expected Date of Project Commencement: _____ Expected Date of Project Completion: _____

Type of Construction	Estimate Cost
New Construction/Addition	\$ _____
Remodel/Rehabilitate	\$ _____
Total Project Cost	\$ _____

Estimate the portion of the Total Project Cost that will be spent on each of the following:

Purchase of Real Estate: \$ _____

Purchase of Capital Equipment: \$ _____

Purchase of Building Materials: \$ _____

*Capital Equipment: Capital Equipment is defined as any durable, stand-alone asset with acquisition cost of \$5,000 or more. Acquisition costs include installation and freight. The asset must have a useful life of more than one year. Capital equipment **does not** include real estate or software.*

Employment Estimates

Number of full-time employees or full-time equivalent (FTE) working at the project site in the current year (do not include construction-related workers): _____

Number of new full-time or FTE employees to be created as a result of the new investment within 24 months of project occupancy (do not include current employees or construction-related workers): _____

Number of full-time or FTE employees to be retained (if claiming any jobs as retained, please include documentation that demonstrates that the jobs would have been lost by a specific and demonstrable threat): _____



Application For Enterprise Zone Assistance

Full-Time Employee: An employee who is hired for a period of indefinite continuous duration who receives full employment benefits and who regularly works not less than thirty-five (35) hours within a period of seven (7) consecutive days.

Full-Time Equivalent (FTEs): Full-time equivalent jobs are calculated by dividing the total number of hours worked by persons at the project site, whether salaried or hourly; and whether identified as employees, contractors, or otherwise, by 1,820 hours.

Full-Time Jobs Retained: Retained jobs means any full-time equivalent job preserved at a specific facility or site that was threatened to be lost by a specific and demonstrable threat that is specified in the application for development assistance.

Certification of Eligibility for Sales Tax Exemption – A separate form is required for each contractor, subcontractor or organization that wishes to purchase eligible project materials with a Sales Tax Exemption Certificate.

Name of Contractor Business _____

Contractor's Business Address _____

Contractors Federal Employer Identification Number (FEIN)/Applicant ID _____

Contact Person for this Certificate _____

Phone _____ Email _____

Contract Amount: \$ _____

Estimated amount of Contract that will be used to purchase building materials: \$ _____

Building Materials: Building materials that are eligible for sales tax deduction include items that are permanently affixed to real property such as lumber, mortar, glued-down carpets, paint, wallpaper, and similar affixed items.

Occupant Information-End User of the Project Site If there is no end user for this project site yet, please fill out this section for the entity that is responsible for maintaining the property.

Occupant's Business Name _____

Occupant's Federal Employer Identification Number (FEIN) _____

Occupants Unemployment Insurance Number (UIN) _____

Occupants 6-Digit NAICS Code _____ (NAICS Code available at www.naics.com/search.htm)

Occupant's Contact Person _____ Contact Phone _____

Contact Email _____

FOR INTERNAL USE ONLY

Property Tax Abatement: Y or N

Building Permit Fees Waived: Y or N

