

**CARBONDALE – MURPHYSBORO - JACKSON COUNTY ENTERPRISE ZONE**  
**COMMERCIAL/INDUSTRIAL PROJECT INFORMATION**

**PART I - PROJECT INFORMATION** (To be completed by Project Representative)

1. Name of Business: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_
4. Name of Business/Company (if different from applicant):  
\_\_\_\_\_
5. Street Address of Proposed Project:  
\_\_\_\_\_
6. Business Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Business Contact Email: \_\_\_\_\_
8. Business Federal Identification Number (FEIN): \_\_\_\_\_
9. Business Unemployment Insurance Number: \_\_\_\_\_
10. NAICS CODE (6 digit Industry Code): \_\_\_\_\_
11. General Description of Proposed Project, including any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. Use an additional sheet if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Project Classification:      Commercial \_\_\_\_ Industrial \_\_\_\_
13. Expected Date of Project Start: \_\_\_\_\_  
Completion: \_\_\_\_\_
14. Estimated Cost of:

Remodeling/Rehabilitation: Building Materials Costs: _____ Labor Costs: _____ Total: _____ Capital Equipment: _____ Site: _____ Total Project Cost: _____	New Construction: Building Materials Costs: _____ Labor Costs: _____ Total: _____
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15. Number of Full-Time Equivalent Jobs:  
NOTE: This information must be supplied by the business beneficiary, and signed by a company/business owner/officer.
  - a. Presently at project location: \_\_\_\_\_
  - b. Retained\*: \_\_\_\_\_
  - c. Created\*\* within 1 year of project completion: \_\_\_\_\_
16. Does this project involve a move from another location?  
Yes \_\_\_ No \_\_\_. If Yes, indicate city and state. \_\_\_\_\_
17. **Signature of Company Representative:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*"Retained" means the number of documented jobs that will remain in the zone which can be publicly documented that the business would close without enterprise zone benefits. Attach documentation.

\*\*"Created" means the number of jobs for which persons are hired or are expected to be hired within 1 year as a result of the new investment, not including construction jobs or spinoffs that may be created.

(over)



CONTRACTOR/SUB-CONTRACTOR INFORMATION

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

Prime Contractor \_\_\_\_\_ Sub-Contractor \_\_\_\_\_

Name \_\_\_\_\_

Address (street address, not just P.O. Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEIN Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax. No. \_\_\_\_\_

Contract Costs:

New Construction

Building Materials \_\_\_\_\_

Other Costs \_\_\_\_\_

Total \_\_\_\_\_

Rehabilitation

Building Materials \_\_\_\_\_

Other Costs \_\_\_\_\_

Total \_\_\_\_\_

Equipment \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_