



CITY OF CHICAGO

Department of Community Development

APPLICATION

Enterprise Zone Sales Tax Exemption Certification

INSTRUCTIONS:

- 1) Complete the Property and Project Information (see below)
- 2) Attach documentation required in Option A or B, as applicable (applications without the necessary documentation will not be reviewed)
- 3) Submit Application and Option A or B attachments via **email only** to Felisa Cross felisa.cross@cityofchicago.org
- 4) Once a completed package is on file, allow up to 10 business days for your Certification letter.
- 5) Letters are valid for 1 (one) year from certification date and can be used by subcontractors. Renewals require an updated Application and attachments.

PROPERTY INFORMATION:

(Please verify your building is in an Enterprise Zone by going to Website: <http://egov.cityofchicago.org/city/csbac/home.do>)

Enterprise Zone #: _____ EZ property address: _____
(zip code)

Property Owner(s) Name: _____ Address: _____
city, state, zip

Applicant Name: Address: _____ Address: _____
(if different from owner) city, state, zip

Company Name or contact person: _____ Address: _____
city, state, zip

Company and or contact phone#: _____ Email: _____ Fax#: _____
(you must provide an email address)

If applicant is a company, are you relocating into the Enterprise Zone? Yes ☐ No ☐

Building Square Footage: _____ Building Permit Number: _____

RESIDENTIAL: Single Family ☐ Condominium ☐ # of Units: _____

COMMERCIAL: # of Store fronts: _____ # of Retail Tenants: _____ # of Service Tenants: _____

INDUSTRIAL: Warehousing ☐ Manufacturing ☐ Distribution ☐

PROJECT INFORMATION: Provide narrative description of work to be completed

Cost of Rehabilitation: \$ _____ Estimate Cost of Site: \$ _____

Cost of New Construction: \$ _____ Cost of Capital Equipment: \$ _____

Total Project Cost: \$ _____ Project Completion Date: _____

Number of Jobs Created (non-construction): _____ Retained: _____ Current Employment: _____

Federal Employment Identification Number (FEIN): _____

Unemployment Insurance Number (UIN): _____

Option A: Individual Applicant Attachments

A recorded copy of the Warranty Deed, Quitclaim Deed, or Trustee=s Deed

If the property is in a trust, a copy of the Trust Agreement

If not the property owner, lease, right-of-entry or other evidence of site control

Required building and other permits

Copy of Owners Driver=s License

Option B: Company Applicant Attachments

Copy of Articles of Incorporation (for Corporations)

Copy of Articles of Organization (for LLC or LP)

A recorded copy of the Warranty Deed, Quitclaim Deed, or Trustee=s Deed

If not the property owner, lease, right-of-entry or other evidence of site control

Required building and other permits

For DCD Use: Date Received: _____ Date Completed: _____ Date Certification Sent: _____ Project No: _____

*In order to save this document after completion, you must have Adobe Acrobat.