I hereby apply for TIF assistance I hereby waive TIF assistance			
Applicant Information Project Name			
Company Name			
Business Form:CorporationPartnershipSole Proprietorship			
Contact Person/Title			
Address			
CityStateZip Code			
OfficeAlternate Phone			
Fax Email			
Project Information Address of Proposed Project			
Parcel ID Numbers Involved:			
Total Project Cost: \$			
Amount or type of TIF Assistance Requested:			
Economic Development Information Estimated Number of new jobs that will be created after the completion of the project Full- Time: Part-Time:			
Type of jobs:			
Range of Compensation:			
Estimated Number of jobs retained after completion of the project Full- Time: Part-Time:			
Current annual gross sales: \$Est. annual gross sales: \$			
Current annual taxable sales: \$ Est. annual taxable sales: \$			

Tax Increment Financing Assistance Application

Project Costs (Contractor Bids

Preferable)	Amount (\$)	Source of Funds
Purchase of Land		
Demolition Cost		
Purchase of Existing Facility		
Construction of New Building(s)		
Renovation of Existing Structure		
Cost of Installation of Machinery & Equipment		
Architectural & Engineering Fees		
Legal & Other Professional Fees		
Contingency		
Working Capital		
Other (Please Specify)		
Total Project Costs		

Please include a narrative that will address the following:

- 1. Description of Business/Company
- 2. Copy of previous year's Real Estate Tax Bill
- 3. Project Description
- 4. Construction information that may include the number of square feet to be demolished and constructed, the number and square footage of units, parking, and the number of construction phases;
- 5. Evaluation of site or other constraints;
- 6. A request for the City's assistance with the project that specifies the type(s) of assistance needed and why it is needed.
- 7. Applicant may need to also submit any additional information such as previous tax bills, site plans, environmental studies, marketing studies, business plans, engineering or architectural drawings to be included for review and consideration.

Certification by Applicant

The applicant certifies that it will comply with all the rules, regulations and ordinances of the City of Altamont, Illinois. Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the City of Altamont, Illinois. Please return application to City Hall **at 202 N Second St, Altamont, IL 62411.**

Sign_____ Date_____