

# **CITY OF ZION TAX INCREMENT FINANCING**

## **Application Packet**



**For information regarding this packet, please contact:**

**Office of Economic Development  
(847) 746-4056  
sonolitob@zion.il.us**

## **Application Process**

### **Please read carefully!**

1. Completed applications must be submitted to the Office of Economic Development by the last Wednesday of every month. The following items **must** be included in your packet.
  - Your business plan. (Attach as **Exhibit A**)
  - Name(s) and biographical information of all principles involved in the project, including yours. (Attach as **Exhibit B**)
  - A brief summary of your experience and knowledge related to this business. (Attach as **Exhibit C**)
  - The TIF Assistance Request Form. (Attach as **Exhibit D**)
  - At least three (3) proposals and drawings supporting your request for assistance. (Attach as **Exhibit E**)
  - Three (3) professional references. (Attach as **Exhibit F**)

If any of these items are missing, your application will be considered incomplete and will be returned.

2. The TIF Board of Review meets the **second Monday** of every month as needed in Zion City Hall. All applicants are required to attend.
3. The TIF Board of Review is appointed by the City Council to review applications for assistance and submit its recommendations for approval or denial to the City Council for consideration. The applicant will be notified of the Board's recommendation by email. If an email is not available, the recommendation will be sent via regular mail to the applicant's address listed on the application.
4. If approved, payments will be paid directly to the vendor(s) on the Applicant's behalf. All invoices should be forwarded to the Office of Economic Development either by fax at (847) 746-4017, or by email to [sonolitob@zion.il.us](mailto:sonolitob@zion.il.us) or by mail or in person at 2828 Sheridan Road, Monday through Friday between 8:00am – 5:00pm.

# **EXHIBIT A**

Business Plan

## **EXHIBIT B**

Names and Biographical Information of all principles involved.  
(Use a separate sheet for each person.)

## **EXHIBIT C**

Summary of your experience and knowledge related to this  
business.

**EXHIBIT D**  
TIF Assistance Request Form

# Tax Increment Financing Assistance Application

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Is this a new business? \_\_\_\_\_  
If no, please provide your previous address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Why are you relocating? \_\_\_\_\_  
\_\_\_\_\_  
Total number of employees: \_\_\_\_\_

Address of location to be considered for assistance: \_\_\_\_\_  
Do you own or rent this location? Own \_\_\_\_ Rent \_\_\_\_

If you are not the building owner, please provide his/her information below.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Is there a lease? \_\_\_\_\_ Length of Lease: \_\_\_\_\_ Lease amount: \$ \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Amount of TIF Assistance you are requesting? \$ \_\_\_\_\_

Please provide a detailed breakdown of what these funds will be used for. Use a separate sheet if necessary.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Three (3) proposals for the work described above must accompany this application under Exhibit F.** All contractors must be registered with the City of Zion's Building Department.

Total number of new jobs created: \_\_\_\_\_ Average hourly wage: \_\_\_\_\_

Identify all other funding sources that will be contributed to this project. Verification of these funds may be required.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*To be completed by Building/Property Owner**

How long have you owned this property? \_\_\_\_\_

Has this property received TIF Funding before? \_\_\_\_\_

If yes, when: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Briefly describe what the funds were used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that all information provided in this application is true and correct to the best of the undersigned's knowledge. The undersigned authorizes the City of Zion TIF Board of Review to check references and verify financial information submitted in this application. The undersigned also agrees to provide any additional information as may be requested by the City of Zion TIF Board of Review after the filing of this application.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

## **EXHIBIT E**

At least (3) proposals and drawings

**EXHIBIT F**  
Professional References