

City of Red Bud  
200 East Market Street  
Red Bud, IL 62278  
www.cityofredbud.org

## **TAX ABATEMENT APPLICATION**

1. Name of business: \_\_\_\_\_
2. Location of business: \_\_\_\_\_
3. Phone number(s): \_\_\_\_\_
4. Website/Facebook Page (if available): \_\_\_\_\_
5. Name and title of person requesting abatement: \_\_\_\_\_  
\_\_\_\_\_
6. If locating to the city from another location, then please state the name and phone number of the owner currently owning and/or conducting business in the facility:  
\_\_\_\_\_  
\_\_\_\_\_
7. Brief explanation of business' operations or proposed operations in Red Bud:  
\_\_\_\_\_
8. Length of abatement being requested (refer to Code Section 35-7 through 35-17):  
\_\_\_\_\_
9. Percentage of abatement being requested (refer to Code Section 35-7 through 35-17):  
\_\_\_\_\_
10. If newly located business, state as follows:
  - (A) Number of full-time employees expected to be employed in first full year of operation: \_\_\_\_\_
  - (B) Number of part-time employees expected to be employed in first full year of operation: \_\_\_\_\_
  - (C) Combined estimated payroll of all employees for one (1) year: \_\_\_\_\_
11. Anticipated date of full capacity: \_\_\_\_\_
  - (A) Number of full-time employees expected to be employed when operating at full capacity: \_\_\_\_\_
  - (B) Number of part-time employees expected to be employed when operating at full capacity: \_\_\_\_\_
12. If existing located business, state as follows:

- (A) Total number of full-time employees retained as a result of the expansion: \_\_\_\_\_
  - (B) Total number of full-time employees added as a result of the expansion: \_\_\_\_\_
  - (C) Total number of part-time employees retained as a result of the expansion: \_\_\_\_\_
  - (D) Total number of part-time employees added as a result of the expansion: \_\_\_\_\_
  - (E) Total decrease in employees as a result of the expansion: \_\_\_\_\_
  - (F) Estimate your annual payroll of the added or retained employees as a result of the result of the expansion: \_\_\_\_\_
13. Attach a copy of business' most recent Annual Corporate Report if registered with the Illinois Secretary of State. If resisted with the County Clerk under a D.B.A., then attach a copy of the registration certificate, if any.
14. State the business' IL Secretary of State File Registration Number, Federal Employment Identification Number (FEIN), and two-digit SIC Code Number:
- (A) IL Secretary of State File Registration Number: \_\_\_\_\_
  - (B) Federal Employment Identification Number: \_\_\_\_\_
  - (C) Two-digit SIC Code Number: \_\_\_\_\_
15. State the County Permanent Index Number (s) of the real estate for which you are requesting tax abatement: \_\_\_\_\_  
\_\_\_\_\_
16. Provide total estimated cost of expansion and / or location: \_\_\_\_\_  
\_\_\_\_\_
17. Estimated amount of abatement being requested for each year of requested abatement: \_\_\_\_\_
18. Market area for products manufactured: \_\_\_\_\_
19. Projected impact on City of Red Bud businesses producing or providing a same or similar product or service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Amount of abatements requested and granted in the past ten (10) years within the City of Red Bud and the years so requested: \_\_\_\_\_  
\_\_\_\_\_
21. Does the business have any other location in Illinois? \_\_\_\_\_  
If so, where: \_\_\_\_\_

The applicant understands and agrees that if it requests the maximum allowed abatement, then it is willing to sign a First Source Agreement, required by ordinance with Randolph County JTPA, or its successor, if requested.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Applicant)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

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