

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: _____