

**CITY OF FARMER CITY
BUSINESS DISTRICT
PRIVATE ACTIVITY ASSISTANCE**

APPLICATION

Name and Address of Person or Business Entity Applying for Business District Assistance:

Name: _____

Street or Box: _____

City/State/Zip: _____

Contact Person: _____ Phone: _____

Soc. Sec. No. or Business TIN: _____

Status of Applicant: (check appropriate category)

Corporation Individual Sole Proprietorship General Partnership

Limited Partnership Joint Venture Other _____

If the Applicant is a Corporation, attach the Names and Titles of Current Officers and Directors, and identify any Person holding more than 5% of the shares.

If the Applicant is a General or Limited Partnership, or a Joint Venture, attach the Names and Titles of Partners or Joint Venturors.

BUSINESS INFORMATION

Description of Business: _____

Business Address: _____

Property Tax ID No.: _____ Assessed Value: _____

Annual Property Taxes: _____ Year Paid: _____

No. of Employees: FT_____PT_____ Annual Sales Taxes Paid:_____

Purposes for which TIF reimbursement is being requested: _____

Estimated Cost of Improvements or Project: _____

The City of Farmer City may request additional information from the applicant, including, but not limited to, the following:

Construction Plans	Bids or Receipts	Financing Plan & Exhibits
Building Permits	Zoning Change Request	Property Tax Bills

Applicant verifies that the forgoing and attached information is correct. Applicant agrees to provide all documents requested by the City of Farmer City that are required for the review of this application. Applicant recognizes that the failure to respond to such requests for information may result in the denial by the City of Farmer City of financial assistance under the Business District program.

Name of Applicant: _____

By (signature): _____ Date: _____