



**APPLICATION FOR CONSIDERATION IN THE CITY OF COUNTRYSIDE
SALES TAX REVENUE SHARING PROGRAM**

CITY OF COUNTRYSIDE
COMMUNITY DEVELOPMENT DEPARTMENT
5550 EAST AVENUE
COUNTRYSIDE IL 60525
(708) 354-2970

FOR OFFICIAL USE ONLY

LICENSE # _____

LICENSE FEE _____

NAME AND ADDRESS OF BUSINESS

**TO BE ELIGIBLE FOR CONSIDERATION FOR THE SALES TAX REVENUE SHARING PROGRAM
EACH APPLICANT MUST FIRST FULLY COMPLETE THIS APPLICATION
AND SUPPLY ALL THE REQUESTED INFORMATION**

TO THE COMMUNITY DEVELOPMENT DEPARTMENT:

I, the undersigned, hereby make application for consideration in the City of Countryside Sales Tax Revenue Sharing Program and state as follows:

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE #: _____ FAX # _____

EMAIL ADDRESS: _____

STATE SALES TAX #: _____

SQUARE FOOTAGE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

INSTRUCTIONS:

Please type or print all information requested on this application and any additional pages attached where space is insufficient to accommodate information requested. When a question is asked regarding the “premises”, it means the premises as they will be if an agreement is made. Any omissions, misstatements or misrepresentations of material fact herein will cause forfeiture of rights to further consideration for granting of the agreement applied for:

1. (a) Name of Applicant: _____

(b) Person signing this application on behalf of Applicant if Applicant is a business or corp: _____

(c) Please submit on a separate sheet(s) the legal name, all aliases, and the ages, business addresses, and all of the directors, officers, and managers of the Applicant and of every person owning or controlling more than 50 percent of the voting shares of the Applicant. If a corporation is an interested holder that must be disclosed pursuant to this subparagraph then it shall disclose the information required in this subparagraph. If a partnership (general or limited), joint venture, it shall provide the information required in subparagraph (C-1) below, if a trust, it shall supply the information required by subparagraph (C-2) below:

(d) Please provide Applicant’s Date of Incorporation: _____

Place of Incorporation: _____

(e) Objectives for which the Applicant corporation was formed: _____

(f) Please submit proof that Applicant is a corporation in good standing and authorized to do business in the State of Illinois.

(g) Registered Agent’s name: _____

Address: _____

Phone #: _____ Fax# _____

Email Address: _____

(h) Registered office for Service of Process Address: _____

Phone #: _____ Fax# _____

(i) If a partnership (general or limited), joint venture, or any other type of organization where two or more persons share in the profits and liabilities of the organization is an interest holder, then please submit on a separate sheet(s) the following: The organization's complete name and official business address, the legal name, all aliases, and the ages, business address, and social security number of each partner (other than limited partners) or any other person entitled to share in the profits of the organization, whether or not such person is also obligated to share in the liabilities of the organization.

(j) If a trust is an interested holder, then please submit on a separate sheet(s) the following: The trust's complete name, the legal name, all aliases, and the business address of the trustee of the trust, the legal name, all aliases, and the ages, business addresses, and social security numbers of each beneficiary in the trust, and the interest, if any, that the trust holds in the licensed premises.

2. The general character of the current business of the Applicant: _____

3. Length of time Applicant has been in the business of the character specified in the response in paragraph 2: _____

4. Location, including street address and legal description and telephone number, of the premises for which the Sales Tax Revenue Sharing Agreement is sought. (Copy of legal description must be attached as a separate schedule): _____

5. Specific name of the business that is to be operated under the Sales Tax Revenue Sharing Program applied for hereby: _____

6. Identity, address and telephone number of each fee simple owner (Attach a separate list if necessary): _____

7. Provide certified statements with regard to City of Countryside sales tax revenue for the last three (3) years.

- 8. (a) If the real estate is owned by Applicant, provide a copy of the Title Policy and Deed.
- (b) If the real estate is owned by Applicant and leased to other parties, provide a copy of the lease(s).
- (c) If the real estate is leased by Applicant, provide a copy of the lease.

9. Provide copies of any growth projection studies/estimates.

10. Provide detailed plans and cost estimates of the proposed project.

11. Provide a copy of a current business license or registration from the City of Countryside.

I herby verify that all statements and answers made by me upon this application and any attachments thereto are correct, and I understand that if this application does not include all the information and documents required herein as well as the \$200.00 non-refundable administrative fee, no action will be taken.

Signed: _____

Subscribed and sworn (or affirmed) before me by _____

this ____ day of _____, 200__.

Notary Public