

Name of Project _____

Project Address _____

Brief Description of Project:

Property Owner Contact Information

Legal Name of Property Owner _____

Owner Address _____

Federal Employer Identification Number (FEIN) _____

Unemployment Insurance Number (UIN) _____

Property Owner's Contact Person _____

Phone _____ Email _____

End User/Occupant Information *If there is no end user for this project yet, you can leave this section blank.*

Occupant's Business Name _____

Occupant's Contact Person _____ Contact Phone _____

Occupant's Contact Email _____

Occupant's Federal Employer Identification Number (FEIN) _____

Occupant's 6-Digit NAICS Code _____ (NAICS Code available at <https://www.naics.com/search/>)

Will the Business generate sales tax? YES NO If yes, State Sales Tax (IBT) #: _____

Employment Estimates

Number of full-time employees or full-time equivalent (FTE) working at the project site in the current year (do not include construction-related workers): _____

Number of new full-time or FTE employees to be created as a result of the new investment within 24 months of project occupancy (do not include current employees or construction-related workers): _____

Full-Time Employee: An employee who is hired for a period of indefinite continuous duration who receives full employment benefits and who regularly works not less than thirty-five (35) hours within a period of seven (7) consecutive days.

Full-Time Equivalent (FTEs): Full-time equivalent jobs are calculated by dividing the total number of hours worked by persons at the project site, whether salaried or hourly; and whether identified as employees, contractors, or otherwise, by 1,820 hours.

Project Estimates

Date Building Permit Issued _____

Expected Date of Project Completion _____

	Estimated Costs
Real Estate	\$ _____
New Construction/Addition	\$ _____
Remodel/Rehabilitation	\$ _____
Capital Equipment	\$ _____
Total Project Costs	\$ _____

Estimate the portion of the Total Project Cost that will be spent on each of the following:

Purchase of Building Materials: \$ _____

Total Labor Costs \$ _____

Certification of Eligibility for Sales Tax Exemption/Contractor Information

A separate form is required for each contractor, subcontractor or organization that wishes to purchase eligible project materials with a Sales Tax Exemption Certificate.

Name of Contractor Business _____

Contractor's Business Address _____

Contractor's Federal Employer Identification Number (FEIN) _____

Contact Person for this Certificate _____

Phone _____ Email _____

Contract Amount: \$ _____

Estimated amount of Contract that will be used to purchase building materials: \$ _____

Building Materials: *Building materials that are eligible for sales tax deduction include items that are permanently affixed to real property such as lumber, mortar, glued-down carpets, paint, wallpaper, and similar affixed items.*

Internal Office Use Only

Date BMEC issued _____