



# Romeoville Reinvestment Program Small Business Incentive Request Application

**Goal of Program:** The Village of Romeoville is committed to positively impacting the community by providing financial assistance to home based businesses that provide a direct benefit to the citizens.

**Application Process:** Please complete all pages of this application. This information is needed to determine your eligibility for the Romeoville Reinvestment Program. All information must be filled out completely for the request to be processed. Incomplete applications will not be reviewed and will be denied. The business owner must be the applicant. The Business Incentive Guidelines have been developed as a way to create consistency and fairness to companies that seek financial support. Please be aware that the Village attempts to fulfill as many requests as possible and cannot guarantee that every request will be met. Once funds are depleted, no more requests will be granted. The amount of funds available varies from year to year. This program may be stopped at any time.

**Applicant Information:**

Legal Name of Company:  Type (LLC, Corporation, etc.)   
Mailing Address:  City/State/Zip:   
Contact Person:  Phone:  Federal ID #:   
Email:  Amount of Request:

Are you a Senior Citizen?  Yes  No      Are you a Veteran?  Yes  No  
*Please provide documentation of age verification and Veteran status.*

**Eligibility:**

- Romeoville resident must have minimum of 51% ownership (Shared office space does not qualify.)
- Relocation must be within Village of Romeoville limits
- Established as a home-based business in Romeoville for at least one year and must have a Formal Business Plan

**Project Summary:**

When was your business established?  Current Annual Sales  Projected Annual Sales   
Number of Full Time Jobs to be created :  Number of Part Time Jobs to be created:   
Types of jobs to be created (i.e. manufacturing, sales, administration, etc.   
Projected Annual Wage:

Evidence of investment and/or financial documentation showing amount of investment.  Yes  No

Narrative of the Project:

\* Please provide as much information as possible including fliers, brochures, etc.

Total Project Cost \$:

Private Investment \$:

Have you found a location within a business zoning classification to expand your business?  Yes  No

If yes, what is the address of the property you are relocating the business to?

If no, how many square feet are you looking for?

Any other special requirements?

Have you previously requested a Business Incentive from the Village within the last two years?  Yes  No

If yes, was the request approved?  Yes  No

If yes, list date of approval:

Have you found a location within a business zoning classification to expand your

Are you applying to any other agencies for financial assistance for the necessary revenue needed to open the business in a business zoning district?  Yes  No

Please indicate the date funds are needed:

Please make sure to include:

- Company's three year financial projection
- Company's last three tax returns, if applicable
- Company's Business Plan
- Project Budget

*I certify that the information given is true and complete to the best of my knowledge, and that I have read and understand the Business Incentive Policies and Procedures provided with the application.*

Signature of Applicant:

Printed Name:

Title:

Date:

**NOTE: Submittal of application does not guarantee funding. Nothing is final until official written approval has been issued.**

**For Official Use Only:**

Denied  Approved

Amount Approved:

Date:

Signature: