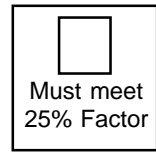


New Jersey Commerce & Tourism Commission  
**Urban Enterprise Zone Program**



**■ Certification Application ■**

**I. Zone Business Information**

Please follow enclosed Certification Instructions and refer to Program Procedures.

1. Legal Company Name \_\_\_\_\_

2. Trade Name (if different) \_\_\_\_\_

3. UEZ Business Street Address \_\_\_\_\_

4. Block # \_\_\_\_\_  
 Lot # \_\_\_\_\_

5. City \_\_\_\_\_ 6. State **NJ** 7. ZIP \_\_\_\_\_

Are there multiple businesses at this location (ie. mall, plaza, office building)?  Yes Unit # \_\_\_\_\_,  No

8. Business Owner / Corporate Officer / Partner:  Mr.  Ms.  Mrs. \_\_\_\_\_

9. Title \_\_\_\_\_ 10. Phone: ( ) \_\_\_\_\_

11. Fax: ( ) \_\_\_\_\_ 12. E-Mail Address \_\_\_\_\_

13. Mailing Address (if different) *location to which all notifications, correspondence and legal matters are to be sent* \_\_\_\_\_

14. City \_\_\_\_\_ 15. State \_\_\_\_\_ 16. Zip \_\_\_\_\_

17. Nature of Business (be specific) \_\_\_\_\_

18a. NAICS code

19. NJ Taxpayer ID#    -    -   /

18b. SIC code (if known)

Sole proprietors without a NJ Taxpayer ID# may provide SS#    -   -

20. Date current ownership began or will begin business at this location within the zone.   /   /

21. How were you established at this location?  \*Expansion,  \*Relocation,  New Start-Up,  New Ownership

\* If you checked the Relocation box, provide prior location; if you check the Expansion box, provide original location or headquarters: City \_\_\_\_\_ State \_\_\_\_\_

22. Is 51% or more of the business owned by a:

- Minority
- Woman
- N/A

23. Business Formation:

- Corporation  Joint Venture \*  Limited Liability Company \*
- Partnership \*  Sole Proprietorship  Limited Partnership \*

\* Refer to Certification Instructions for asterisked (\*) selections--supplemental information is required.

**For State Administrative Use Only**

Re-Entry into Program: <input type="checkbox"/> Special <input type="checkbox"/> Regular	Zone: <input style="width: 100%;" type="text"/>	Approval Code
If Re-Entry, Original File Number: <input style="width: 100%;" type="text"/>	Year: <input style="width: 100%;" type="text"/>	File Number
_____ NJC&TC	_____ Date	

24. If the zone business is a sole proprietorship and the proprietor's home address is different from line #3, please provide your name and home address:

Name of sole proprietor: \_\_\_\_\_

Home Address: \_\_\_\_\_

**II. Employee Data**

Full-Time                      Part-Time

25. Current # of Employees *(Complete Certification Employee Data Sheet)*                      \_\_\_\_\_

26. Total # of Employees Anticipated End of First Year in UEZ Program                      \_\_\_\_\_

27. Will the creation of these jobs result in unemployment in other areas of the State?     Yes                       No

If yes, please explain. \_\_\_\_\_

*(If you moved from another location within New Jersey, refer to Certification Instructions--additional information is required.)*

**III. Estimated Capital Investment Projections**

*(For upcoming certification year.)*

Description	Estimated Completion Date	Amount (Estimated \$)
<i>(Building improvements, furniture, computers, motor vehicles, machinery, etc.)</i>		
<b>Total</b>		

I certify the above to be true, correct and complete, and **I agree to meet the "25% Employment Factor"** if applicable. See *Program Procedures*.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Owner / Corporate Officer / Partner (Type or Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Owner / Corporate Officer / Partner (Signature)

**To be Completed by Municipal Authority**

I verify that the applicant is  (or will be  by \_\_\_\_\_) permanently and actively engaged in the stated business at the stated street address which is within the municipality's urban enterprise zone boundaries. This verification is based upon: a site visit  (REQUIRED FOR ALL RETAILERS and SOLE PROPRIETORS), tax records  , personal knowledge  , lease  , property deed/title  , or other information \_\_\_\_\_.

I have determined whether the applicant is re-entering the program and/or is required to meet the 25% Factor; have checked the appropriate box on Page One; and have explained any related requirements to the applicant. I have determined that this business  is (or  is not) in a redevelopment zone.

\_\_\_\_\_  
Zone Municipality

\_\_\_\_\_  
Signature of UEZ Coordinator or Acting Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of UEZ Coordinator or Acting Coordinator