



APPLICATION FOR COMMERCE ZONE TAX CREDIT

Date of Application: _____

Property Owner Name: _____

Legal Status: Corporation Proprietorship Partnership Other _____

Contact: [Name] _____ [Title] _____

[Phone] _____ [Email] _____

Property Owner Address: _____

Property Address (if different): _____

Is the property located in a Commerce Zone? Yes No

Are the premises new, improved, or expanded? Yes No

Will the premises be occupied by a business entity? Yes No

(A) PROPERTY INFORMATION

Property ID Number: _____

Property Improvement Information:

Purchase Only: \$ _____

Renovation: Estimated Costs: \$ _____

New Construction: Estimated Costs: \$ _____

Machinery & Equipment: Estimated Costs: \$ _____

(B) EMPLOYMENT INFORMATION

Current Employment (as of date of this application)

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Estimated New Hiring (in next 12 months)

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Fiscal Year Tax Credit Requested _____

PLEASE NOTE, IF TAX ASSESSED VALUE CHANGES, THE CREDIT WILL BE ADJUSTED ACCORDINGLY

Name of Applicant: _____

Date: _____

Position/Title: _____

Signature: _____

Approved for processing by: _____ Kent County Economic Development