

Application for Commerce Zone Tax Credit

Date of Application: Property Owner Name: Corporation Proprietorship Partnership Other Legal Status: _____ Title: ____ Contact Name: 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 Will the premises be occupied by a business entity? Yes No **Section A: Property Information** Property ID Number: Property Improvement Information: Purchase Only: Estimated Costs: \$_____ Renovation:

Estimated Costs: \$_____

Estimated Costs: \$_____

____ New Construction:

____ Machinery & Equipment:

Section B: Employment Information

Current Employment (as of date of this applica	ation)
Number of Full-Time Employees: _	Number of Part-Time Employees:
Estimated New Hiring (in next12 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	Position/Title
Applicant Signature	Date
Approved for Processing by:	Kent County Economic Development