



# CHESTERTOWN KENT COUNTY

## APPLICATION FOR ENTERPRISE ZONE CERTIFICATION

- Type of Application:  New Certification  
 Recertification
- Type of Tax Credit Applying for:  State Income Tax Credit  
 Local Property Tax Credit  
 Both Tax Credits

### **(A) BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Legal Status:  Corporation  Proprietorship  Partnership  Other

Contact: [Name] \_\_\_\_\_ [Title] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Business Address: \_\_\_\_\_

Facility Address (if different from a business address): \_\_\_\_\_  
\_\_\_\_\_

FEIN: \_\_\_\_\_ Unemployment Insurance #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ NAICS: \_\_\_\_\_

Is the business located in the Enterprise Zone now  Yes  No

If yes, since what year: \_\_\_\_\_

Is the business relocating from another place?  Yes  No

If yes, where was the previous location? \_\_\_\_\_

Is the business a new/start-up?  Yes  No

Did the Enterprise Zone benefits affect your decision to locate at this address?

Yes  No

If yes, please explain how the Enterprise Zone benefits will assist your business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(B) PROPERTY INFORMATION**

Property ID Number: \_\_\_\_\_

Property Ownership:  Own

Lease (Provide Information of the Property Owner)

[Name] \_\_\_\_\_

[Address] \_\_\_\_\_

[Phone/Email] \_\_\_\_\_

Property Improvement Information:

Purchase Only: \$ \_\_\_\_\_

Renovation: Estimated Costs: \$ \_\_\_\_\_

New Construction: Estimated Costs: \$ \_\_\_\_\_

Machinery & Equipment: Estimated Costs: \$ \_\_\_\_\_

**(C) EMPLOYMENT INFORMATION**

Current Employment (as of date of this application)

*Number of Full-Time Employees:* \_\_\_\_\_ *Number of Part-Time Employees:* \_\_\_\_\_

Estimated New Hiring in the Enterprise Zone (in next 12 months)

*Number of Full-Time Employees:* \_\_\_\_\_ *Number of Part-Time Employees:* \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_