New Jersey Commerce & Tourism Commission
Urban Enterprise Zone Program
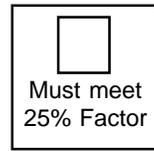
■ **Certification Application** ■

☐
Must meet 25% Factor

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: ☐ Special ☐ Regular Zone: _____

If Re-Entry, Original File Number: _____ Year: _____

Approval Code

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 $)
(Building improvements, furniture, computers, motor vehicles, machinery, etc.)		
Total		

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

_____
Date

_____
Company Owner / Corporate Officer / Partner (Type or Print)

_____
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