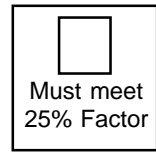


New Jersey Commerce & Tourism Commission
Urban Enterprise Zone Program



■ 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 type="text"/>	Approval Code
If Re-Entry, Original File Number: <input type="text"/>	Year: <input 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>		
	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

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