



ENTERPRISE ZONE Certification Application

Revised 7/21/19

Type of Application: New Certification
 Recertification

Type of Tax Credit (applying for): State Income Tax Credit
 Local Property Tax Credit
 Both Tax Credits

BUSINESS INFORMATION:

Business Name: _____

Legal Status: Corporation Proprietorship Partnership Other _____

Contact: [Name] _____ [Title] _____
[Phone] _____ [Email] _____

Business Address: _____

Facility Address (if different from above address): _____

FEIN: _____ **Unemployment Insurance #:** _____

Type of Business: _____ **NAICS Code:** _____

Is the business located in the Enterprise Zone now? Yes No
If yes, since what year: _____

Is the business relocating? 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 or expand at this address?
 Yes No If yes, please explain how the Enterprise Zone benefits will assist your business.

PROPERTY INFORMATION

Property ID #: _____ Tax Map #: _____ Parcel #: _____

Property Ownership: Own or Lease (Provide Information of the Property Owner)
[Name] _____
[Address] _____
[Phone/Email] _____

Property Improvement Information:
 Renovation Estimated Cost: \$ _____
 New Construction Estimated Cost: \$ _____
 Machinery & Equipment Estimated Cost: \$ _____

Describe the improvements, if any, made at the subject Facility: _____

EMPLOYMENT INFORMATION

Current Employment Data (as of date of this application):
Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Estimated New Hires (in next 12 months):
Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Contact Person: _____ Date: _____

Position/Title: _____ Signature: _____

Program Contact:

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