



For Zone Use Only
ID # _____

----- State of New York
Empire Zones Program
APPLICATION FOR ADDING LOCATIONS TO AN
EMPIRE ZONE CERTIFIED BUSINESS ENTERPRISE

THIS FORM SHOULD BE COMPLETED BY THE BUSINESS ENTERPRISE IN CONSULTATION WITH THE LOCAL ZONE OFFICIALS AND SIGNED BY THE ZONE CERTIFICATION OFFICER ATTESTING THAT THE LOCATIONS REQUESTED ARE IN THE ZONE

The purpose of this application is to allow an Empire Zone certified business enterprise to add eligible locations within a particular Empire Zone to its Empire Zone Certificate of Eligibility. This application can only be used by certified businesses within a specific zone seeking to amend its certificate of eligibility for that zone. If a business enterprise is currently certified in one zone and wishes to become certified in another zone, then form EZ-1, APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE must be completed. If a business enterprise seeks to move operations not currently in an empire zone into the empire zone the enterprise must have a shift resolution as required pursuant to General Municipal Law Section 959(a)(iii).

1. Name of Organization (use legal name as it appears on the Certificate of Eligibility)

2. Current Zone Location
Street _____ City _____ Zip _____
Should this location remain on the Certificate of Eligibility? Yes No

3. New Location(s) in Zone
Street _____ City _____ Zip _____
Street _____ City _____ Zip _____
Street _____ City _____ Zip _____
Street _____ City _____ Zip _____
Street _____ City _____ Zip _____

4. Will the applicant be moving any portion of its operations or jobs from another location in NYS that is not currently within the boundaries of an Empire Zone to any of these new locations? Yes No
[If yes, then attach a shift resolution from appropriate municipality(ies)] – Consult with local zone with regard to this requirement.

As the responsible officer (print or type name) _____ I hereby request that the locations listed above be added to the Certificate of Eligibility for the organization indicated above.

Signature _____ Title _____ Date _____

To be completed by local Empire Zone Certification Officer

I hereby Approve Disapprove this application for adding new locations to the Certificate of Eligibility for the organization indicated above. If approved, I hereby attest that the new location(s) is (are) eligible and located within the empire zone.

Signature _____ Title _____ Date _____

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Reviewed by _____ Date _____