



Date of Application: _____

**FORM NNEZ-1 (Enterprise Zone #3)
APPLICATION FOR CERTIFICATION
BUSINESS LICENSE FEE ABATEMENT AND LOCAL UTILITY TAXES REFUND**

I. Business Information

Business License Account # _____ and/or Federal Employer ID # _____

Name and Physical Address of Firm as *Printed on Business License*:

Name and Physical Address of Firm as *Printed on Utility Bills*:

Mailing Address:

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Contact Information:

Name of Authorized Representative for the Firm:
Phone:
Fax:
Email:

Address(es) of Establishment(s) Located Within the Enterprise Zone:

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Date Business Located in the Enterprise Zone: _____

II. Eligibility Information

Job Creation:

Period of Base Year (The year prior to the qualifying year):	From ___/___/20___ to ___/___/20___
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Average Number of Full-Time Employees during Base Year:	
Average Number of Full-Time Employees during Twelve - Month Period following the Base Year:	

Taxable Investment:

Address(es) where Taxable Investment (real estate improvements, machinery, equipment and vehicle purchases) took place within the Zone:

Cost of Total Taxable Investment within the Enterprise Zone:	\$
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Describe the Taxable Investment within the Enterprise Zone:

Date(s) on which Taxable Investment Occurred(month/day/year):

Date on which Ten-Year Cycle of Business License Fee and Utility Tax Reductions are to Begin:	January 1, 20__
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****Please attach documentation to show evidence of added employees and taxable investments.**

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PRESENTED ABOVE IS CORRECT. I UNDERSTAND THAT IF DETERMINED ELIGIBLE, I MUST SUBMIT A RECERTIFICATION FORM NNEZ-3 EACH YEAR TO CONTINUE RECEIVING THE BENEFIT.

Independent Certified Public Accountant

OR

Firm's Authorized Representative

- I will make available for review by the Department of Development all of the records relevant to information required by this form, as an alternative to independent CPA review.