

# Urban Enterprise Zone

## Certification Application

**IMPORTANT:** This form can be completed online using the State of New Jersey [Premier Business Services](#) (PBS). For help registering for PBS, use [Getting Started with Premier Business Services](#) on the UEZ website.

### I. Zone Business Information

Refer to the [Certification Instructions](#) (Annual Reporting Form section) and follow the [Program Procedures](#) when completing this Form.

1. NJ Taxpayer ID# \*

\_\_\_\_\_

2. Legal Company Name \*

\_\_\_\_\_

3. Name at UEZ Location \*

\_\_\_\_\_

4. UEZ Business Location Address \*

\_\_\_\_\_

5. Unit#

\_\_\_\_\_

6. Block # \*

\_\_\_\_\_

Lot # \*

\_\_\_\_\_

7. City \*

\_\_\_\_\_

8. State \*

NJ

9. Zip \*

\_\_\_\_\_

10. Responsible Officer \*

Mr., Mrs., Ms.

\_\_\_\_\_

First \*

\_\_\_\_\_

MI

\_\_\_\_\_

Last \*

\_\_\_\_\_

11. Title \*

\_\_\_\_\_

12. Phone \*

\_\_\_\_\_

13. Fax

\_\_\_\_\_

14. E-mail \*

\_\_\_\_\_

15. Mailing Address (if different)

\_\_\_\_\_

Same as Business Location

16. City

\_\_\_\_\_

17. State

\_\_\_\_\_

18. Zip

\_\_\_\_\_

19. Nature of Business \*

\_\_\_\_\_

20. NAICS Code \*

\_\_\_\_\_

21. SIC Code \*

\_\_\_\_\_

22. This UEZ business established as a/an \*

Expansion

Relocation

New Business

Change of Ownership

Existing Business

Previous/original location  
(Expansion/Relocation only)

City

\_\_\_\_\_

State

\_\_\_\_\_

23. Is 51% or more of business owned by a

Minority

Woman

24. Business Type \*

Corporation

Partnership

Joint Venture

Sole Proprietorship

Limited Partnership

Limited Liability Company

See [Certification Instructions](#) for definitions of Women and Minority Owned business classification.

# Urban Enterprise Zone

## II. Employee Data

(Refer to the [Program Procedures](#) for additional details.)

### Employment Requirements:

- 0 - 5 current full-time employees – not required to hire additional employees
- 6 - 10 current full-time employees – must hire one part-time employee
- 11 - 49 current full-time employees – must hire one full-time or two part-time employees
- 50 or more current full-time employees – must hire one full-time employee

	Full Time	Part Time
25. Current number of employees * (Use <a href="#">Employee Data Workbook</a> )	_____	_____
26. Total number of employees anticipated by end of third year in UEZ Program *	_____	_____

## III. Estimated Capital Investment Projections

(for three year certification period)

27. Total Estimated Dollar Amount/Projected Investment \* (use [Capital Investment Workbook](#)) \$ \_\_\_\_\_

## IV. Reduced Rate Tax Eligibility

(Refer to the [Ineligible Transaction Listings](#) for additional details.)

28. Do you want to participate in the reduced sales tax collection program? \*  Yes  No
29. Do you **primarily** operate a catalog, mail, telephone, fax, or internet order business at your UEZ location? \*  Yes  No
30. Do you operate a **retail store** at your UEZ location where you regularly conduct **retail sales** of **tangible personal property, exhibit** such items for sale, and maintain an **inventory** of such items for sale? \*  Yes  No

**YOU MAY NOT USE any UEZ benefits until you have valid qualification and tax documents from UEZ and the Division of Revenue in your possession.**

## V. Terms and Conditions

The business listed on this application must be a “qualified business” and be in full tax compliance with the State of New Jersey (State) before any certification, recertification, or continuation of eligibility in the Urban Enterprise Zone (UEZ) program, and/or participation in a NJUEZ incentive or loan program is authorized. A qualified business is any entity authorized to do business in the State which is engaged in the active conduct of a trade or business in an Urban Enterprise Zone.

\*  I consent to the release of information by the State Division of Taxation, the Urban Enterprise Zone Authority (within the New Jersey Department of Community Affairs), and the State Division of Revenue. This consent is limited to the business’s tax compliance status during the application, reporting process, renewal process, and program participation.

\*  I certify the above to be true, correct, and complete, that the creation of jobs at this location will not result in unemployment in other areas of the State and **I agree to meet the “25% Employment Factor”** if applicable. (See [Program Procedures](#).)

Responsible Officer Name\* \_\_\_\_\_

Please Print

Responsible Officer Signature\* \_\_\_\_\_

\* Date \_\_\_\_\_