

Recertification 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.

File Number _____ Permit Number _____ Certification Date _____ Recertification Period _____

I. Zone Business Information

Refer to the [Recertification Instructions](#) 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. Minority Owned?

Yes

No

23. Woman Owned?

Yes

No

24. Business Type *

Corporation

Sole Proprietorship

Partnership

Limited Partnership

Joint Venture

Limited Liability Company

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

(Use [Recertification Employee Workbook](#))

	Full Time	Part Time
25. Number of Employees at Start Date *	_____	_____
Original 3-year Employment Projection *	_____	_____
26. Current number of employees *	_____	_____
27. Total projected employees next Program year *	_____	_____

Employee Data: 25% Factor Requirement Section (Use [25% Factor Workbook](#))

28. Number of new hires (since original Certification) who are:
Residents of a zone or a zone's municipality
-or- NJ residents unemployed for at least six months prior to being hired
-or- Recipients of New Jersey public assistance programs for at least six months prior to being hired
-or- Determined to be low-income individuals pursuant to the Workforce Investment Act of 1998

(Refer to the [Program Procedures](#) for more information on the 25% Factor requirement)

III. Capital Investments (Use [Capital Investment Workbook](#))

Round all amounts entered to the nearest dollar.

Original 3-year capital Investment Projection	\$ _____		
29. Total actual capital investments made during the past program year *	\$ _____	30. Total projected capital investments for the next program year *	\$ _____
31. UZ-4 Total tax exempt purchases made during the Past Program Year*	\$ _____	32. UZ-5 Total tax exempt purchases made during the Past Program year*	\$ _____
UZ-4 tax savings (question 31 amount x .07)	\$ _____	UZ-5 tax savings (question 32 amount x .07)	\$ _____

IV. Reduced Rate Tax Eligibility (Refer to the [Ineligible Transactions List](#) for additional details.)

33. Do you want to continue to participate in the reduced sales tax collection program? * Yes No
34. Do you **primarily** operate a catalog, mail, telephone, fax, or internet order business at your UEZ location? * Yes No
35. 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

For additional help, refer to the [Recertification Instructions](#) and [Program Procedures](#).

If the current number of employees entered in question 26 does not meet the UEZ Program's Increased Employment requirement—

-and/or-

If the number of new hires that meet the 25% factor eligibility entered in question 28 does not meet the UEZ Program's 25% Factor requirement—

Select one of the options below:

- I am requesting an extension of my Certification period to allow me to meet the UEZ Program requirements. Please have a UEZ representative contact me and explain the available options that might allow my business to continue participating in the UEZ Program.
- I am waiving my option to explore the available options that might allow my business to continue participating in the UEZ Program. I understand that my UEZ eligibility will be inactivated and I will no longer qualify for UEZ Program benefits.

V. Terms and Conditions

* 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
