

Urban Enterprise Zone

UZ-4/UZ-5 Cap Exemption Annual Certification of Eligibility Application – Supermarkets and Grocery Stores

NJ Taxpayer ID# _____

Legal Company Name _____

Name at UEZ Location _____

UEZ Business Location Address _____

City _____ State NJ Zip _____

1. I certify that my supermarket or grocery store is at least 16,000 square feet of which at least 80% is occupied by food and related products
2. I certify that my supermarket or grocery store within the 12-month period immediately preceding the date of this application had:

not less than 30 percent of the employees hired comprised of any combination of the following: (i) persons who were unemployed for not less than three consecutive months immediately preceding the date of employment; or (ii) persons with a disability¹

OR

not less than 35 percent of the employees hired comprised of residents of a municipality in which the urban enterprise zone has been established, and actively participated with one or more One-Stop Career Centers in the recruitment of unemployed persons and persons with a disability. (Eligible supermarkets/grocery stores must complete the [New Hire Certification Workbook](#))

I certify that I am fully authorized to submit an application on behalf of the business listed on this application as its responsible officer.

I certify the above to be true, correct, and complete and acknowledge that noncompliance with the requirements for this exemption may lead to the immediate revocation of its tax benefits.

Responsible Officer Name _____

Please Print

Responsible Officer Signature _____

Date _____

¹ "Disability" means physical or sensory disability, infirmity, malformation, or disfigurement which is caused by bodily injury, birth defect, or illness including epilepsy and other seizure disorders, and which shall include, but not be limited to, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impairment, deafness or hearing impairment, muteness or speech impairment, or physical reliance on a service or guide dog, wheelchair, or other remedial appliance or device, or any mental, psychological, or developmental disability, including autism spectrum disorders, resulting from anatomical, psychological, physiological, or neurological conditions which prevents the typical exercise of any bodily or mental functions or is demonstrable, medically or psychologically, by accepted clinical or laboratory diagnostic techniques. Disability shall also mean AIDS or HIV infection. P.L.1945, c. 169 (N.J.S.A.10:5-5(q)).