

Application for North County Enterprise Zone Certification

Please complete this application to determine if your business, property, or developer is eligible for Enterprise Zone tax credits. You will receive a letter from the Enterprise Zone Administrator indicating which credit(s) you are eligible for. You will also be notified if you are not eligible for any credits. Please print and keep a copy of this application for your records.

Eligibility Requirements

- Your business and/or property must be located within the North County Enterprise Zone. The zone encompasses parcels within the towns of Ridgely, Goldsboro, and Greensboro. If you are unsure if your property is within the zone, please contact the Enterprise Zone Administrator at 410-829-2763.
- To earn real property tax credits, you must:
 - Complete sections A, B, and C of this application
 - Make at least **\$100,000** in real property improvements
- To earn tax credits for employment, you must:
 - Complete sections A and D of this application
 - Hire at least one net new hire in the State of Maryland in which the employee(s) works at least 35 hours per week and is paid at least 150% of the federal minimum wage

The full Enterprise Zone statute is accessible online at:

http://commerce.maryland.gov/Documents/FinanceDocument/maryland-enterprise-zones-statute.pdf

If you have questions about the application process or Enterprise Zone benefits, please contact Caroline

County Economic Development at dbowden@carolinemd.org or 410-829-2763.

Completed applications may be submitted by email to dbowden@carolinemd.org or by mail to:

Enterprise Zone Administrator

Caroline County Economic Development

9194 Legion Rd, Ste 1

Denton, MD 21629

You will receive an email confirming receipt of your application. If you do not receive confirmation, please call us at 410-829-2763.

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Application for Maryland State Enterprise Zone Certification

This application will determine whether your business, property, or developer is eligible for Maryland Enterprise Zone tax credits. If determined to be eligible, you will receive a letter from the Enterprise Zone Administrator indicating which tax credit(s) you are eligible to receive.

| Income Tax Credit | |
|---|--|
| Real Property Tax Credi | it |
| This Section is to be filled by Local Z | Zone Administrators Only |
| To be eligible, an applicant n | must answer all questions in Sections A and B |
| | " tax credit, please complete Section C |
| If applying for the "Employm | nent (income)" tax credit, please complete Section D |
| Sect | tion A: Applicant Information |
| Name of Business / Developer apply | ring for Enterprise Zone credits: |
| | • |
| | |
| Name of Contact Person: | |
| | |
| Title: | |
| Title: | |
| Title: Phone: Email: | |
| Title:Phone:Email: | |
| Title: Phone: Email: Mailing Address: | |
| Title: Phone: Email: Mailing Address: Section B: | |
| Title: Phone: Email: Mailing Address: Section B: Enterprise Zone Property Address: | Enterprise Zone Property Information |

Lease: ____ Own: ____



Section C: Enterprise Zone Property Improvements Information

To be eligible for Enterprise Zone property tax credits, the application must be submitted prior to the project completion date and issuance of User/Occupancy Permits. If the developer or company making property improvements is applying on behalf of the property owner, the property owner must concur with the application by co-signing below. The property tax credits are automatically applied to the property tax bill (i.e., directly awarded to the property owner only). If you are not applying for the property tax credit, this section may be left blank.

| Owner of the Real Property: | | | | | | | |
|--|--|----------------------|---------------------|------------------------------|--|--|------------|
| Mailing address of property owner:Phone: | | | | | | | |
| | | | | | | | Email Addr |
| Project Sta | rt Date: | | | | | | |
| Anticipated | d Project Completion Date: | | | | | | |
| Briefly describe capital improvements plans: | | | | | | | |
| Type of Co | nstruction and Costs | | | | | | |
| Со | st of building(s) & land (acq | juisition): \$ | | _ | | | |
| Ne | w Construction: \$ | | | _ | | | |
| Re | habilitation: \$ | | | - | | | |
| Со | Cost of new machinery & equipment*: \$ | | | | | | |
| I agree as a requested. | | o provide all data r | equired by the Ente | rprise Zone Administrator as | | | |
| Name of A | pplicant: | | Position/Title: | | | | |
| Applicant S | Signature: | | Date: | | | | |
| Name of P | roperty Owner: | | Position/Title: | | | | |
| Property O | wner Signature: | | Date: | | | | |
| | | | | | | | |

^{*}Cost of new machinery & equipment is not a part of real property assessment.



Section D: Enterprise Zone Employment Tax Credit Information

To be eligible of Enterprise Zone employment tax credits, please complete the following section. Employment tax credits to be applied against State income tax liabilities are available for certain new employees hired in the Enterprise Zone. The requirements for qualified employees can be found on Maryland Department of Commerce Website: http://commerce.maryland.gov/fund/programs-for-businesses/enterprise-zone-tax-credit. If you are not applying for the employment tax credit, this section may be left blank.

| Federal Employer Identification Number (EFIN): | | | | | | |
|---|-----------------|--------------------------------------|--|--|--|--|
| Unemployment Insurance #: | NAICS Co | NAICS Code (if available): | | | | |
| Type of Business (i.e., restaurant, retail, financial ser | vices, etc.): _ | | | | | |
| Is business located in the Enterprise Zone now? | Yes | No | | | | |
| If yes, since what year: | | | | | | |
| Is the business relocation from another place? | Yes | No | | | | |
| If yes, where was the previous location?: | | | | | | |
| Is the business a new, start-up? | Yes | No | | | | |
| Did the Enterprise Zone benefits affect your decision to locate at this address? Yes No | | | | | | |
| If yes, please explain how the Enterprise Zone benefits will assist your business. : | | | | | | |
| Number of existing employees: | | | | | | |
| If you are new to the Enterprise Zone, please provide the number of employees before relocating or locating in the Enterprise Zone: | | | | | | |
| If you were already located in the Enterprise Zone, p of this application in the Enterprise Zone: | • | the number of employees as of date | | | | |
| Number of new full-time jobs to be created in the Er | nterprise Zone | e in the next 12 months: | | | | |
| Number of new part-time jobs to be created in the Enterprise Zone in the next 12 months: | | | | | | |
| I agree as a condition of certification to provide all d as requested. | ata required l | by the Enterprise Zone Administrator | | | | |
| Name of Applicant: | Position/ | Title: | | | | |
| Signature: | Date: | | | | | |