

The Rhode Island Enterprise Zone Program
2011 Enterprise Zone Qualified Business Application for Admission
Please Type or Print:

1. Company Name: _____
2. Enterprise Zone: Central Falls/Cumberland (), East Providence (), Cranston (), Mt. Hope ()
Pawtucket/Lincoln (), Portsmouth/Tiverton (), Port of Providence (), Providence II (), West Warwick (),
Woonsocket/Cumberland ().
Census Tract: _____
3. Location: _____
Street City/Town Zip Code
4. Mailing Address: _____
(if different) Street City/Town Zip Code
5. List other addresses (if any) In Zone: _____
Out of Zone: _____
6. Telephone: () _____ Fax: _____ E-mail: _____
7. Date business began operation in zone: _____
8. Business is a: C-Corporation (), LLC (), S-Corporation (), Partnership (), LLP (), Sole Proprietorship ().
9. Business Identification: FE IN #: _____
10. NAICS Code: _____ (6 digit)
11. Type of Business (choose only one): Service Manufacturer Wholesale/Retail Construction Other _____
12. Product(s)/Service(s) Provided: _____
13. Name of Owner/Chief Executive Officer: _____
14. Name and title of Company Enterprise Zone Contact: _____
15. What is the projected net increase in full-time employment from application date to 12-31-11? _____
16. **Current Employment Verification Statement:** Having read and understood the Terms and Conditions Statement on the reverse side of this form, I certify under pains and penalties of perjury that as of the date of this application, there are _____ full-time, employees working in our facility at the Enterprise Zone location given above. I understand that this information will be used as the benchmark to evaluate an increase in employment on December 31st of the current certification period.

* _____
Date of Application Signature of Authorized Business Representative Title
* Not eligible for tax credits for employees hired before this date
(Print or type name) (Print or type title)

Notarization: State of _____ Sc. County of _____
At _____, in said county on this _____ day of _____
200____ personally appeared before me _____, who, being by me first duly
sworn, declared that he/she is the _____ of _____
(corporation, partnership, etc.) and that the statements contained therein are true.

Notary
Commission Expires: _____

TERMS AND CONDITIONS STATEMENT

As the authorized business representative of the applicant firm, I certify under the pains and penalties of perjury that the information supplied in this application is complete and accurate. I acknowledge and understand that Member Businesses must meet all of the following requirements: (a) After the effective date of application or annual certification, create and hire a minimum of five percent (5%) new or additional enterprise jobs or in the case of a company having twenty (20) employees or fewer create and hire one (1) new or additional job; and (b) Total Rhode Island wages including those Rhode Island wages for said additional enterprise jobs exceeds the total Rhode Island wages paid to its employees in the prior calendar year; and (c) Obtains Certificates of Good Standing from the Rhode Island Division of Taxation, the Corporations Division of the Rhode Island Secretary of State and the appropriate municipal authority at the time of annual certification; and (d) Meet certain other requirements as set forth by the Rhode Island Enterprise Zone Council during the certification period. Failure to meet all of the above requirements as defined in the Rules of Procedure of the Rhode Island Enterprise Zone Council will constitute voiding the contract through which this business may be eligible for tax benefits pursuant to Chapter 64.3 of Title 42 of RI General Laws of 1956, as amended.

It is agreed that actions which constitute voiding this contract may obligate this business to repayment of financial considerations advanced by agencies of the Rhode Island government and that the terms and conditions stated hereinafter govern the consideration of this application and the maintenance of the applicant's Member Business status. I also agree to the following terms and conditions:

1. To abide by all the rules and regulations of the designated State departments or agencies or their official representatives governing the certification process thereafter.
2. To notify the RI Enterprise Zone Council within thirty (30) days of any change in the ownership, control, management, location, or status as an ongoing Member Business.
3. That the RI Enterprise Zone Council has the right to conduct a review of the Enterprise Zone company's books, contracts, company structure, facilities and request whatever additional information it deems necessary, from time to time, in order to monitor the status of the company, if the firm is certified by the State as a bona-fide Enterprise Zone Member Business.
4. That the RI Enterprise Zone Council may automatically deny or rescind certification, if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.
5. That this entity seeking certification as a Member Business has not within the preceding twelve (12) months from this date of application for certification changed its legal status for the purpose of gaining favorable treatment under the provisions of Section 42-64.3 seq.

VERIFICATION OF ZONE BUSINESS LOCATION

It is hereby certified that the business applying herewith for certification is physically and totally located in the zone at the specified address and that said business receives local nomination for admission.

Signature of Local Enterprise Zone Coordinator (a representative of the city or town)

Date

RHODE ISLAND ENTERPRISE ZONE PROGRAM OFFICE USE ONLY

Enterprise Zone Council: Approval Date: _____ Denial Date: _____

Signed - Enterprise Zone Council Secretary

Signed - Enterprise Zone Certification Officer

RIEZP Certificate Number: _____