

SOMERSET COUNTY



ENTERPRISE ZONE QUALIFICATION APPLICATION

Business Applying for Enterprise Zone Benefits

Name of Firm: _____
Point of Contact: _____ Title: _____
Premises Address: _____
Mailing Address: _____
City: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

Property Information

Address of Property for which Enterprise Benefits are sought:

Property Tax Map # _____ Property Tax Parcel # _____

Property Tax Number (10 digit) _____

Name of Property Owner (if different from above): _____

Address of Property Owner (if different from above):

Approximate Size of Property: _____ Acres

Approximate Size of Existing Building: _____ Square Feet

Information on Applicant Business

Is Company currently located in the Enterprise Zone? Yes _____ No _____

If yes, since what year? _____

Is Company relocating from another place? Yes _____ No _____

If yes, where was the previous location? _____

Is Company a new, start-up business? Yes _____ No _____

Other Company locations (if any): _____
Describe the Company's primary and secondary products or services that are, or will be, produced at the facility in the Enterprise Zone:

Project being Proposed for Enterprise Zone Benefits

Proposed Project is (check one or both): New Construction: _____ Rehabilitation: _____

Project starting date: _____ Expected Completion Date: _____

Project Costs and Description: _____

Land Acquisition: Acres: _____ Cost to Acquire: _____

New Construction: Square Feet: _____ Cost to Construct: _____

Machinery and Equipment (for informational purposes only) Description:

Employment Impact:

Current Number of Employees in the proposed zone:

Total: _____ Full Time: _____ Part Time: _____

New Jobs to be created in the proposed zone:

Total: _____ Full Time: _____ Part Time: _____

Hourly Wage for typical new job (without benefits): _____ per hour

Additional costs of benefits provided (per each new employee): _____

Signatures

Signature of individual completing this form: _____

Typed or printed name: _____ Title: _____

Date: _____

Application Submission Instructions

Submit completed application to:

Enterprise Zone Administrator
Somerset County Economic Development Commission
11916 Somerset Avenue, Suite 202
Princess Anne, Maryland 21853
410-651-0500-Phone 410-651-3836- Fax
Email: EDC@co.somerset.md.us