

FOR ESD USE ONLY

Cert ID #

SECTION 1: BUSINESS CONTACT INFORMATION

Sponsor:			
Company Name:			
Contact Name:			Contact Address:
Phone Fax	<input type="text"/>	<input type="text"/>	
E-mail	<input type="text"/>		
Type of Business	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	

SECTION 2: BUSINESS INFORMATION

<input type="checkbox"/> New Business	<input type="checkbox"/> Existing NYS Business Expanding	<input type="checkbox"/> Previous NYS Business relocating to NYS	<input type="checkbox"/> NYS Incubator Graduate
FEIN #:	Website:		

Indicate the Primary North American Industrial Classification System (NAICS) Code(6 digit code) at the PROJECT LOCATION
 (For information about NAICS go to <http://www.census.gov/eos/www/naics/> or <http://www.tax.ny.gov/pdf/publications/general/pub910.pdf>)

Indicate address of the Tax Free Area (TFA) the Business will locate to: (include Building #/Name, Floor, Room)	Square Footage of TFA Business will occupy:	Phone:
		Fax:

Please briefly describe your business, citing factors such as the business' industry, primary goods produced or services rendered, geographic presence, main customers, and significant competitors. Please also explain the factors that are driving its planned growth and expansion and explain why the company is making new investments and creating jobs.

If you are an existing business **expanding in NYS**, please provide a description of how the business will be expanding its current operations in New York state, indicate if it will attract investment from outside NYS and demonstrate how the business will create net new jobs in the Tax-Free NY Area and that the business, or any related person, has not eliminated any jobs in the state in connection with this expansion.

If you are a previous NYS business relocating to NYS please answer the following questions:

<input type="checkbox"/> Moved Operations out of NYS	Current Location: (street, building, city, State)	Number of Employees in NYS prior to moving out of state:
Date moved: <input type="text"/>		<input type="text"/>

Please provide an explanation of plans to move back to NYS and demonstrate below how the business will substantially restore the jobs in NYS that it previously had moved out of state:

SECTION 3: EMPLOYMENT

Indicate the number of employees of the business in the state as of the date this application is being completed :

Using the table below, please indicate the average number of employees of the business in the state during the year immediately preceding the year in which the business submits its application to locate in a Tax-Free NY Area.

To determine the average, add together the total number of employees of the business in NYS on March 31st, June 30th, September 30th and December 31st and divide by the total number of such dates occurring within such year in which the applicant was located in NYS. Indicate "NA" for any date that the applicant was not located in NYS.

	Mar 31 st	June 30 th	Sept 30 th	Dec 31 st	Average
a. Full-Time Jobs (Employees that have worked 35 or more hours per week)					
b. Part-Time Jobs (Employees that have worked less than 35 hours per week)					
c. Full-Time Equivalents (FTEs) of above Part-Time Jobs (An FTE is any combination of two or more part-time jobs that, when combined together, constitute the equivalent of a job of at least 35 hours per week).					
Total FTEs (add rows a & c)					

Using the table below, please indicate the number of net new jobs (Full-time and full-time equivalents) and expected salaries for each job type for each year in the chart below. Please describe the type of job, by general category. The net new jobs should be indicated as **cumulative**. **Do not include in the number of net new jobs** any jobs that have been transferred from employment with another business located in this state, through an acquisition, merger, consolidation or other reorganization of businesses or the acquisition of assets of another business, or transferred from employment with a related person in this state.

Job Title/Category	Average ANNUAL Salary	Cumulative Number of Net New Jobs				
		Year 1 (first year of operation)	Year 2	Year 3	Year 4	Year 5
ex. Production Line Supervisor	32,000	3	4	4	5	5
Total Net New Jobs						

Please describe how the business plans to recruit employees from the local workforce:

Section 4: INVESTMENT *Please include only capital investments. Capital investment means investments in tangible personal property or other tangible property which is depreciable pursuant to section 179 (d) of the United States Internal Revenue Code. Capital investments do not include operating expenses such as office supplies, utilities, rent, and other recurring expenses.*

Type of Investment	Total Amount of Investment				
	Year 1	Year 2	Year 3	Year 4	Year 5
Building acquisition					
Building renovation					
New construction					
Production machinery & equipment					
Furniture, fixtures & equipment					
Total Projected Investments					

SECTION 5: BUSINESS COMPETITORS

Will the business compete with other businesses in the same community but outside of the Tax-Free NY Area?

“Competitor” means a business that produces, manufactures, or sells the same or substantially similar product or provides the same services, and competes for the same customers or clients as an applicant for the START-UP NY Program.

“Community” means the census tract or tracts containing an approved Tax-Free NY Area and the census tracts immediately contiguous to such census tract or tracts.

Yes No Unsure

By checking **no**, you are attesting that the applicant business will not compete with other businesses in the same community but outside the Tax-Free NY Area). If **yes**, please provide the name(s) and address(es) of the business(es) with whom the applicant business will be competing. *(Use additional sheets as necessary)*

Name of Business Competitor:	Name of Business Competitor:
Address:	Address:

SECTION 6: AGREEMENT

By submitting this application, as the authorized representative of the applicant above, I agree:

1. to allow the department of taxation and finance to share its tax information with the department of economic development and the sponsoring campus, university or college. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the state freedom of information law;
2. to allow the department of labor to share its tax and employer information with the department of economic development and the sponsoring campus, university or college. However any information shared as a result of this agreement shall not be available for disclosure or inspection under the state freedom of information law;
3. to allow the department of economic development and its agents and the sponsoring campus, university or college access to any and all books and records the department or sponsoring campus, university or college may require to monitor compliance;
4. to provide the following information to the department of economic development and sponsoring campus, university or college *upon request*: (i) the prior three years of federal and state income or franchise tax returns, unemployment insurance quarterly returns, real property tax bills and audited financial statements; (ii) the employer identification or social security numbers for all related persons to the business, including those of any members of a limited liability company or partners in a partnership;
5. to certify, under penalty of perjury, that the applicant business is in substantial compliance with all environmental, worker protection, and local, state, and federal tax laws, and that it satisfies all the eligibility requirements to participate in the START-UP NY program;

6. to a statement of consequences for the failure to meet performance benchmarks, as determined by the business applicant and the Sponsor, that includes: (i) suspension of such business's participation in the START-UP NY Program for one or more tax years as specified in such application; (ii) termination of such business's participation in the START-UP NY Program; and/or (iii) proportional recovery of tax benefits awarded under the START-UP NY Program as specified in Section 39 of the New York State Tax Law pursuant to Part 220 of Title 5 of the NY Code of Rules and Regulations. (See Business Application instructions for details); and
7. to submit, if accepted into the START-UP NY Program, an annual report as prescribed by the commissioner of economic development in consultation with the commissioner of taxation and finance that will be sufficient to monitor continued eligibility of the business and its employees to participate in the START-UP NY Program. Such report shall include information about related persons of the business and wages paid during the year to its employees employed in the net new jobs created and maintained in the tax-free NY area. *Related person is defined pursuant to §465 (b) (3) (c) of the Internal Revenue Code (See Instructions)*

Check here to request protection from FOIL for any information your business deems confidential. Enclose a letter with your request identifying with specificity any content the business deems to be confidential, proprietary, or a trade secret as defined by Article 6 of the Public Officers Law.

SECTION 7: SIGNATURE

Signature

Name and Title

Date

State of New York)
) ss:

County of _____)

On the _____ day of _____ (month) 20_____(year), before me personally appeared

(name)_____ to me known, who being by me duly sworn, did depose and say that he/she resides at

(address)_____

that he/she is the (title)_____ of (business entity) _____, the business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

Notary Signature

NOTARY PUBLIC (Please affix stamp here)