



Application for Maryland State Enterprise Zone Certification in Chestertown Kent County

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.

Applying For:

Income Tax Credit _____

Real Property Tax _____

This section to be filled by Local Zone Administrators Only

- To be eligible, an applicant must answer all questions in Sections A and B
- If applying for the "Property" tax credit, please complete Section C
- If applying for the "Employment (income)" tax credit, please complete Section D

Section A: Applicant Information

Name of Business / Developer applying for Enterprise Zone Credits:

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

Section B: Enterprise Zone Property Information

Enterprise Zone Property Address: _____

Property Tax Account Number: _____

Property Ownership: _____

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: _____

Property Owner Mailing Address: _____

Phone: _____ Email: _____

Project Start Date: _____ Anticipated Project Completion Date: _____

Briefly Describe Capital Improvement Plans: _____

Types of Construction and Costs

Cost of building(s) & land (acquisition): \$ _____

New Construction: \$ _____

Rehabilitation: \$ _____

Cost of New Machinery & Equipment*: \$ _____

I agree as a condition of certification to provide all data required by the Enterprise Zone Administrator as requested.

Name of Applicant Position/Title

Applicant Signature Date

Name of Property Owner Position/Title

Property Owner 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-forbusinesses/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 Code (if available): _____

Type of Business (i.e., restaurant, retail, financial services, 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, please provide the number of employees as of date of this application in the Enterprise Zone: _____

Number of new full-time jobs to be created in the Enterprise Zone 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 data required by the Enterprise Zone Administrator as requested.

Name of Applicant

Position/Title

Applicant Signature

Date