



For Zone Use Only
ID # _____

**State of New York
Empire Zones Program**

**APPLICATION FOR MODIFYING AN EMPIRE ZONE CERTIFIED BUSINESS ENTERPRISE
CERTIFICATE OF ELIGIBILITY**

THIS FORM SHOULD BE COMPLETED BY THE BUSINESS ENTERPRISE IN CONSULTATION WITH THE LOCAL ZONE OFFICIALS AND SIGNED BY THE ZONE ADMINISTRATIVE BOARD CHAIR

The purpose of this application is to allow an Empire Zone certified business enterprise to change their Empire Zone (EZ) Certificate of Eligibility to: 1) reflect a change to the name of the business on the certificate, or 2) to change eligible locations within a particular EZ to the certificate, or 3) to add an eligible location within a particular EZ to the certificate. This application can only be used by certified businesses within one specific zone seeking to amend its certificate of eligibility for that zone. If a business enterprise is currently certified in one zone and wishes to become certified in another zone, then form EZ-1, APPLICATION FOR CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE must be completed. If a business enterprise seeks to move operations not currently in an empire zone into the empire zone the enterprise must have a shift resolution as required pursuant to General Municipal Law Section 959(a)(iii).

NOTE: IF THE BUSINESS HAS CHANGED TO A NEW FEIN (FEDERAL EMPLOYER IDENTIFICATION NUMBER), THIS FORM CANNOT BE USED. THE BUSINESS MUST BE DECERTIFIED AS AN EMPIRE ZONE BUSINESS ENTERPRISE, AND THEN RE-APPLY UNDER THE NEW BUSINESS ORGANIZATION AND FEIN USING FORM EZ-1.

PART A: BUSINESS INFORMATION

1. Name of Organization (use legal name of the business as it currently appears on the Certificate of Eligibility)

2. Federal Employer Identification Number (FEIN) of Certified Business: _____
3. Has the business changed to a new FEIN? Yes No Note: If the answer is yes, the previous business entity must be decertified and the new business entity must apply for certification under the new business organization and FEIN using FORM EZ-1.
4. New Business Name (if applicable, use name of business as it should appear on the new Certificate of Eligibility)

New Business Contact (if applicable) _____ Phone: _____
5. Has the business changed formation or federal tax filing status (e.g. partnership to corporation) Yes No

Please attach a copy of the legal name change documents filed with the NY Department of State or County Clerk

6. Current Zone Location (s)

		Date location placed in zone
Street _____	City _____	Zip _____
Street _____	City _____	Zip _____
Street _____	City _____	Zip _____

Should the location (s) listed above remain on the Certificate of Eligibility? Yes No

7. New Location(s) in Zone

		Date location placed in zone
Street _____	City _____	Zip _____
Street _____	City _____	Zip _____
Street _____	City _____	Zip _____

PART A: BUSINESS INFORMATION (continued)

8. Will the applicant be moving any portion of its operations or jobs from another location in NYS that is not currently within the boundaries of an Empire Zone to any of these new locations? [] Yes [] No

If yes, then attach a shift resolution from appropriate municipality(ies). Consult with local zone with regard to this requirement.

9. Will the address/name change affect the contact and address information for the organization? [] Yes [] No

If yes, provide the new contact information:

Name of Contact: _____

Street/P.O. Box: _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____

As the responsible officer of (print or type name of business) _____ I hereby request that the name change and/or locations listed above be added to the Certificate of Eligibility for the organization indicated above.

Signature _____ Title _____ Date _____

Print Name of Signatory _____

PART B: TO BE COMPLETED BY LOCAL ZONE ADMINISTRATIVE OFFICE

ADDRESS CHANGES AND ADDITIONS IN THE ZONE ARE SUBJECT TO REVIEW BY LOCAL EMPIRE ZONE

To be completed by local Empire Zone Administrative Board Chair:

I hereby [] Approve [] Disapprove this application for modifying the Original Certificate of Eligibility for the organization indicated above. If approved, I hereby attest that the new location(s) is (are) eligible and located within the empire zone.

Signature _____ Title _____ Date _____

PART C: TO BE COMPLETED BY EMPIRE STATE DEVELOPMENT

For New York State Department of Economic Development official use only

Reviewed by _____ Date _____