



State of New York  
Empire Zones Program

For Zone Use Only  
ID # \_\_\_\_\_

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).

Applying for (check all applicable):  Change of Name  Change of Address  Add Locations

**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

4. Has the business changed ownership?  Yes  No

Change of ownership shall include a reformation, reorganization or acquisition of the certified business enterprise where an owner of that enterprise, or a related person or an affiliate of that enterprise, does not retain, directly or indirectly, any percent of the ownership interest or control of the enterprise formed as a result of the reformation, reorganization or acquisition.

5. New Business Name (if applicable, use name of business as it should appear on the new Certificate of Eligibility)

\_\_\_\_\_

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

6. 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: \_\_\_\_\_

7. Has the business changed formation or federal tax filing status (e.g. partnership to corporation)  Yes  No

8. Current Zone Location (s)

Date location placed in zone

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

9. New Location(s) in Zone				Date location placed in zone
Street _____	City _____	Zip _____	_____	_____
Street _____	City _____	Zip _____	_____	_____
Street _____	City _____	Zip _____	_____	_____

**PART A: BUSINESS INFORMATION (continued)**

10. 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.*

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**

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Reviewed by \_\_\_\_\_ Date \_\_\_\_\_