

## Cecil County Enterprise Zone Qualification Application

### **Business Applying for Enterprise Zone Benefits**

Name of Firm: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email address: \_\_\_\_\_

### **Property Information**

Address for property for which Enterprise Zone benefits are sought (if different from above): \_\_\_\_\_

Property tax # \_\_\_\_\_

Name of property owner (if different): \_\_\_\_\_

Address of property owner (if different): \_\_\_\_\_

Size of property: \_\_\_\_\_ acres

Size of existing building: \_\_\_\_\_ square feet

### **Information on Applicant Business**

Is company located in the Zone now? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, since what year: \_\_\_\_\_

Is company relocating from another place? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the previous location? \_\_\_\_\_

Is company a new start-up business? Yes \_\_\_\_\_ No \_\_\_\_\_

Headquarters location: \_\_\_\_\_

Other company locations: \_\_\_\_\_

Describe the company's primary and secondary products or services that are, or will be, produced at the facility in the Enterprise Zone:

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Business NAICS Code: \_\_\_\_\_

**Project being proposed for Enterprise Zone benefits**

Proposed project is (check one or both): New Construction \_\_\_\_\_ Rehabilitation \_\_\_\_\_

Project starting date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

**Project cost and Description**

Land Acquisition: Acres \_\_\_\_\_ Cost to Acquire: \$ \_\_\_\_\_

New Construction: Square feet \_\_\_\_\_ Const to construct: \_\_\_\_\_

Machinery & equipment Description (for informational purposes only, not relevant to tax breaks):

\_\_\_\_\_  
\_\_\_\_\_

Cost to Acquire: \$ \_\_\_\_\_

Employment Impact: \_\_\_\_\_

Current number of employees in the Zone: Total \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

New Jobs to be created in the Zone: Total \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly wage for typical new job (without benefits) \$ \_\_\_\_\_ / hour

Additional cost of benefits provided (per each new employee): \$ \_\_\_\_\_ / hour

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application to:  
Enterprise Zone Coordinator  
Cecil County Economic Development  
200 Chesapeake Boulevard, Suite 2700  
Elkton, MD 21921  
Office - 410-996-6292  
Fax - 410-996-6279