

**ENTERPRISE ZONE  
CERTIFICATION APPLICATION**

APPLICANT'S NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUS. ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ BUS. PHONE ( ) \_\_\_\_\_

IF THIS IS AN APPLICATION FOR A RESIDENTIAL PROPERTY PLEASE LIST RESIDENTIAL ADDRESS

DATE BUSINESS ESTABLISHED \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ORGANIZATIONAL STRUCTURE

CORPORATION ( )                      SOLE PROPRIETORSHIP ( )  
PARTNERSHIP ( )                      OTHER (SPECIFY) \_\_\_\_\_

**A. FOR EXISTING BUSINESS EXPANSION**

*A ten percent (10%) expansion of the number of employees with 40% of the new hires being from low-to-moderate income households.*

EXISTING NUMBER OF EMPLOYEES \_\_\_\_\_

PROJECTED NUMBER OF EMPLOYEES RESULTING FROM EXPANSION

PERCENTAGE OF EMPLOYEES THAT ARE FROM LOW-TO-MODERATE  
INCOME HOUSEHOLDS \_\_\_\_\_

GROSS SALES FOR IMMEDIATE PAST TAXABLE YEAR \_\_\_\_\_, 20\_\_\_\_\_

**B. FOR NEW BUSINESS START**

*A ten percent (10%) expansion of the number of employees with 40% of the new hires being from low-to-moderate income households.*

ANTICIPATED NUMBER OF EMPLOYEES \_\_\_\_\_

**C. FOR BOTH EXISTING AND NEW BUSINESSES**

EMPLOYEES MIX BY SKILL LEVEL

\_\_\_\_\_ SKILLED (REQUIRES A HIGH LEVEL OF ADVANCE TRAINING)

\_\_\_\_\_ SEMI-SKILLED (REQUIRES A MODERATE LEVEL OF TRAINING)

\_\_\_\_\_ UNSKILLED (REQUIRES A RELATIVELY LOW LEVEL OF TRAINING)

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**INCENTIVES**

PLEASE CHECK THE INCENTIVES FOR WHICH YOU WISH TO BE CERTIFIED.

BUSINESS & PROFESSIONAL LICENSE TAX \_\_\_\_\_

WAIVER OF PERMIT FEES \_\_\_\_\_

REAL ESTATE REHABILITATION TAX EXEMPTION \_\_\_\_\_

SMALL BUSINESS ADMINISTRATION 504 APPLICATION WAIVER FEE \_\_\_\_\_

I HEREBY AGREE TO ALLOW A QUALIFIED REPRESENTATIVE FROM THE CITY OF PETERSBURG TO REVIEW MY PAYROLL RECORDS AND TO INTERVIEW MY EMPLOYEES IN ORDER TO DETERMINE IF I HAVE COMPLIED WITH ENTERPRISE ZONE GUIDELINES FOR EMPLOYMENT.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_