



Urban Enterprise Zone Loan Application Packet

Rev. 01/25/10



Please make sure that your business has been certified as an Urban Enterprise Zone (UEZ) business before completing and submitting this application. For more information on how to become a certified UEZ business, contact 856-563-0440.

Please complete the attached State of New Jersey, Division of Taxation - UZ-5-SB-A form.

UZ-5-SB-A
4-10

STATE OF NEW JERSEY
DIVISION OF TAXATION

Application for Exemption from Sales Tax on Purchases of Goods and Materials for Exclusive Use or Consumption within an Urban Enterprise Zone

- 1. NJ Taxpayer ID #: _____ / _____
- 2. Name of Business (Individual, Partnership or Corporate Name) _____
Trade Name (if any) _____
Business Address in the Urban Enterprise Zone _____
City _____ State _____ Zip Code _____
E-mail Address _____
- 3. Contact Name _____
- 4. Contact Telephone Number _____ 5. Contact E-mail Address _____
- 6. Principal Product or Service _____
- 7. Re-certification Beginning Date _____ Re-certification Ending Date _____
- 8. Employees: YES NO If yes, when did your business hire its first employee(s)? _____ / _____
- 9. UEZ File Number _____

Please check the following box that pertains to your business. The Division will verify the business gross receipts based on the tax data available.

The business gross receipts from all locations of this business entity for the prior annual tax period were less than \$10 million. I am requesting that you certify the business listed above as a qualified small business and that you issue to this business a UZ-5-SB Exempt Purchase Certificate.

The business gross receipts from all locations of this business entity for the prior annual tax period were \$10 million or more. I will be applying to the Division of Taxation for refunds of any use tax and/or sales tax paid at the point of purchase for goods and materials purchased by this business entity for use or consumption exclusively at its zone location.

The business listed on this application must be in full tax compliance with the State of New Jersey before any certification, recertification of eligibility in the Urban Enterprise Zone (UEZ) program, or the awarding of a business incentive or grant/loan associated with the UEZ program.

I consent to the release of information by the Division of Taxation to the Urban Enterprise Zone Authority (within the New Jersey Department of Community Affairs), municipal Urban Enterprise Zone coordinators, and the New Jersey Division of Revenue, which shall be limited solely to the business's tax compliance status and verification of annual gross receipts for the duration of the application and renewal processes.

Signature of Owner, Partner or Officer _____ Print or Type Name and Title _____ Date _____

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR MUNICIPAL UEZ LOCAL COORDINATOR, ALONG WITH YOUR APPLICATION FOR UEZ CERTIFICATION OR RE-CERTIFICATION

SEE INSTRUCTIONS ON REVERSE SIDE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PRINT OR TYPE ALL INFORMATION.
FAILURE TO PROPERLY COMPLETE THE ENTIRE APPLICATION WILL DELAY YOUR QUALIFICATION FOR THIS SALES TAX BENEFIT.

INSTRUCTIONS

General Instructions

Retail sales of personal property (except motor vehicles and energy) and sales of services (except telecommunications and utility services) to a qualified business for the exclusive use or consumption of such business within its business location in an enterprise zone are exempt from the taxes imposed under the "Sales and Use Tax Act," P.L. 1966, c.30 (C.54:32B-1 et seq.).

Effective July 15, 2006, Chapter 34, P.L. 2006 revised the Urban Enterprise Zones Act. The purchase exemption for purchases made by the qualified business remains effective; however, procedural amendments to the law now require the sales tax to be collected on sales made to qualified businesses, unless the business is a "small qualified business" (annual gross receipts less than \$10 million in the prior annual tax period). A "small qualified business" must furnish a UZ-5-SB to its vendor. A qualified business that is not a "small qualified business" must pay sales tax at the point of purchase, or self-assess use tax, and apply to the Division of Taxation for a refund within one year of the purchase, on the proper form (A-3730-UEZ) and in accordance with procedures prescribed by the Division of Taxation. General instructions can be found on the Division's Web Site at www.state.nj.us/treasury/taxation/pdf/other_forms/uez/a3730uez_claimin.pdf. Form A-3730-UEZ which can be accessed at <http://www.state.nj.us/treasury/taxation/a3730uez.xls> is downloadable, but cannot be filed on-line.

The partial sales tax exemption (3 1/2%) offered by certified retail businesses was not changed by revisions to the law.

This application (Form UZ-5-SB-A) must be completed annually for continued participation in the UEZ program.

Specific Instructions

The following instructions refer to the numbered entry items on the application.

- ITEM 1** Enter the NJ Taxpayer ID# your business received when you registered your business for state tax purposes, with the Client Registration Branch (NJ Division of Revenue). This must be the ID# used for state tax filings for the exact location completing this application.
- ITEM 2** Enter the name of the business, and Trade Name, if any, as registered with the Division of Taxation and the address where the business is located within the zone. Also provide the e-mail address of the business.
- ITEM 3** Enter the name of a person knowledgeable about the business and available for contact.
- ITEM 4** Enter the business location's telephone number where the person entered in Item 3 can be reached.
- ITEM 5** Enter an e-mail address for the contact person.
- ITEM 6** Enter the principal product your business sells or the principal service your business provides.
- ITEM 7** Enter the beginning and ending dates for the re-certification period for which you apply for UEZ qualification. Leave blank if this is a first-time application for UEZ qualification.
- ITEM 8** Enter YES if your business has paid wages or salaries to employees within the last three years and enter the month/year that employees were hired. Enter NO if business never had or does not currently have employees and proceed to question #9.
- ITEM 9** Enter your UEZ File Number, if any. This number may be found on letters your business receives from the UEZ Authority.

*P.L. 2008, c. 118 was signed into law on 12/17/08 increasing the gross receipts criterion for certification as a "small qualified business" to \$10 million, effective 2/1/09.

NOTICE OF PREVAILING WAGE

Be advised that the Office of the Attorney General has determined that N.J.A.C. 12A:2A-3.1 et seq. concerning the payment of prevailing wage in connection with certain construction contracts applies to projects funded by Urban Enterprise Zone Assistance Fund. No recommendation or opinion is presented with this commitment regarding whether prevailing wage is applicable to the use of the proceeds of the loan. It is the responsibility of the Borrower to make such determination. Representation by legal counsel is recommended.

City of Vineland

Urban Enterprise Zone Loan Fund Application

This form is designed to provide the City of Vineland with sufficient information to permit effective consideration of your loan request. **A fully completed application will eliminate unnecessary delay &**

Please Note: There is a **\$250.00 non-refundable application fee** payable to the Vineland Revolving Loan Fund when submitting this application. (*\$100.00 non-refundable application fee for Micro Loan Applications.*)

I. General Information

Name of applicant: _____

Name of business: _____

Address of business: _____

Contact person: _____

Telephone number: _____ Fax number: _____

II. Ownership & Management

Structure of business (Check One)

- C-Corporation
 Limited Liability Co. (LLC)
 Sole Proprietorship
 Sub Chapter S Corporation
 Partnership
 Trading As/Doing Business As

Ownership of applicant company (*List all owners & stockholders with 20% or more of total ownership*):

Name	Social Security No.	Date of Birth	Percentage Owned
1.			
2.			
3.			

Key Management:

Name	Titles/Duties	Yrs. with Co.	Annual Comp. Salary /Bonuses	Life Ins. Amount
1.				
2.				
3.				

III. COMPANY HISTORY/PROFILE

Month/year business was established: _____

Tax ID or EIN #: _____

Line of Business: _____

SIC: _____

Employment:

Number of employees: full-time _____ part-time: _____

Jobs to be created (next two years): full-time : _____ part-time: _____

Business bank of account: _____

Branch Address: _____

Account Number: _____

Bank Officer: _____

IV. MARKET

Five Largest Customers: *(Not applicable for all business types.)*

1. (Name/Contact Person)	(Net Sales)
(Address/Phone Number)	
2.	
3.	
4.	
5.	

Five Largest Suppliers:

1. (Name/Contact Person) (Address/Phone Number)	(Credit Amount)
2.	
3.	
4.	
5.	

Major Competitors:

1. (Name) (Address)	3.
2.	4.

V. Existing Business Loans Payable (Use separate sheet, if necessary)

Whom Payable/ Account. Number	Original Amount	Loan Date month/year	Term	Interest Rate	Outstanding Balance	Collateral
1.		/				
2.		/				
3.		/				

VI. DESCRIPTION OF PROPOSED FINANCING

LOAN REQUEST (Please Itemize):

Real Estate Acquisition: \$ _____

Building Renovations: _____

Leasehold Improvements: _____

Machinery & Equipment: _____

Inventory: _____

Working Capital: _____

Other (describe): _____

Total Project Costs: _____

Owners Equity: _____

Total Loan Request: \$ _____

(Total Loan Request = Total Project Costs minus Owners Equity)

VII. ACCOUNTANT AND ATTORNEY INFORMATION

Name of Accountant: _____

Address: _____

Contact person: _____

Telephone Number _____ Fax number: _____

Name of Attorney: Address: _____

Contact person: _____

Telephone Number _____ Fax number: _____

VIII. SUPPORT INFORMATION & STATEMENTS REQUIRED

1. Current (within 90 days) and previous three year's business financial statements and/or federal tax returns.
2. If the business is less than two years old, submit projected income statement for two years following receipt of the loan and a projected monthly cash flow statement for one year after the loan. (Assistance for this item is available.)
3. Personal financial statements completed and signed for all owners.
4. Personal federal income tax returns for the past three years, from all owners. Document all cash balances and/or marketable securities with statements; document all real estate values with appraisals; and document all business valuations.
5. For all equipment purchases and/or minor building renovations, provide contractors estimates, suppliers price quotations and purchase orders.
6. If you are planning to purchase real estate, please submit a complete copy of the Agreement of Sale. If you own the property to be renovated, submit a copy of the deed.
7. If you currently rent your current location, submit a copy of the lease.
8. If you are planning to renovate commercial real estate, please submit preliminary plans and specifications for new construction or renovation and cost estimates prepared by a qualified, independent third party (General Contractor or Architect)
9. Collateral information & description (copy of deed & survey for real estate; invoice and serial numbers for equipment). Include documentation such as itemized list of equipment to be used as collateral by name and serial number as well as leases for income producing properties if applicable.
10. Certificate of Incorporation and Corporate Resolution. Partnership Agreement or Limited Liability Company (L.L.C.) formation certificate and Operating Agreement.
11. Explain how the loan will affect your business goals regarding production, sales, profits, jobs created, etc.
12. Any additional information which will assist Vineland Urban Enterprise Zone Loan Fund in analyzing your application.
13. Copy of valid photo Driver's License or current acceptable photo identification card.
14. A \$250.00 application fee made payable: **Vineland Revolving Loan Fund**

(\$100.00 non-refundable application fee for Micro Loan Application.)

I authorize the City of Vineland to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from Vineland Urban Enterprise Zone Loan Fund, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable. The purpose of the loan is to support business activities for which traditional credit is not otherwise available on terms and conditions which would permit the completion or operation of the project.

Name of Business:

Signature/Title:

Date:

Signature/Title:

The approval and disbursement of Urban Enterprise Zone ("UEZ") Assistance Funds (first or second-generation) is contingent upon the Company Borrower remaining a UEZ certified business while meeting and maintaining all outstanding tax obligations to the State of New Jersey.

Furthermore, existing recipients/borrowers must remain a UEZ certified business while meeting and maintaining all outstanding tax obligations to the State of New Jersey to continue their existing UEZ loans. Failure to comply with this mandate may result in default and repayment of their outstanding loan balance(s).

To verify your current certificate status or to certify your business under the UEZ program, please contact Denise Jackson, UEZ Administrator @ (856) 563-0440.

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derived from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC 20580.

Revised: 01/25/10