



Application # _____

Account # _____

(For Office Use Only)

ENTERPRISE ZONE ELIGIBILITY DETERMINATION & APPLICATION FOR LOCAL BENEFITS

FOR ASSISTANCE IN COMPLETING THIS APPLICATION, CONTACT THE DEPARTMENT OF DEVELOPMENT AT (804) 541-2220

Part I: Eligibility Determination – All Information Must Be Complete.

Company Information:

Company/Trade Name: _____ Company/Taxpayer ID#: _____

Applicant's Name: _____

Current Business Address: _____ City: _____ State: _____ Zip: _____
(or future EZ address if facility is under construction)

Date of Move to this Address: _____

HQ Address: _____ City: _____ State: _____ Zip: _____
(if different from above)

Phone: _____ FAX: _____ E-Mail: _____

Previous Address: _____ City: _____ State: _____ Zip: _____
(if moving into an EZ location)

Website: _____

Check if: Property Owner Business Owner Leasing Property

Check if: New Business in Hopewell Expansion of Existing Business Operations

Business Type: Retail Wholesale Service Office
 Manufacturing Warehouse/Distribution

Business Description: _____

Number of **Current** FTE (full-time employees): _____ Number of **New** FTE Projected: _____

Anticipated Investment - Amount/Value:

Real Estate (including land and/or building purchase): \$ _____

Lease Payments (estimate based on monthly lease amount & lease period): \$ _____

Equipment and Machinery (used in manufacturing or processing): \$ _____

Business Equipment and Machinery/ Personnel Property: \$ _____

Building Improvements /Tenant Upfit: \$ _____

Total Estimated Investment: \$ _____

Local Incentives Requested:

- BPOL Exemption (please complete Form A, Part A-1)
- Machinery and Tool Tax Rebate (please complete Form A, Part A-2)
- HRWTF Wastewater Connection Fee Credit (please complete Part B)
- Development Fee Waivers (please complete Part C)
- Building Permit Fee Waivers (please complete Part D)
- Real Estate Tax Abatement Program (please complete Part E)
- Crime Prevention/Security Assessment (please complete Part F)
- Fire Safety Education (please complete Part G)



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Authorization and Agreement:

I am authorized to act on behalf of this business and may disclose any information requested in this application. The City of Hopewell is authorized to use any information provided in this application, deemed necessary, to comply with state and city reporting requirements. All information in this application is correct to the best of my knowledge. In addition, I understand that information provided in this application is subject to verification by the City of Hopewell and, as such, any information used to determine Enterprise Zone (EZ) benefits or eligibility that is found to be false or in error may result in revocation of those EZ benefits.

Signature: _____

Date: _____

Name: _____
(please print)

Title: _____
(please print)

NOTE: PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING OF THIS APPLICATION

*Please return this completed application to:
City of Hopewell Department of Development
300 North Main Street
Hopewell, VA 23860
Phone: (804) 541-2220*

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Eligibility: The above address is: _____

Tax ID# _____

- Located in the Enterprise Zone and Eligible
- Not located in Enterprise Zone and Ineligible

Signed: _____

Date: _____