



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 A: Incentives requested from the Commissioner of the Revenue: (check all requested)

A-1: BPOL (Business Professional Occupational License) Exemption

New City of Hopewell Business Date Business Established in City: _____

Existing City of Hopewell Business under new ownership*

*Former Business Name: _____

Existing City of Hopewell Business Already Located in the Enterprise Zone
Date Business Established in the Enterprise Zone: _____

Existing City of Hopewell Business Relocating to the Enterprise Zone
Date Business Established in the City: _____

Gross Receipts/Purchases Reported to City of Hopewell Last Year: \$ _____
(if a new business to City of Hopewell, enter 0)

Estimated Gross Receipts/Purchases This Year: \$ _____

Commissioner of the Revenue (For Office Use Only)

Based on the information provided in this application, business is eligible for:

- Partial BPOL Exemption Estimated 1st Year Value of EZ Benefit: _____ (100%)
Estimated 2nd Year Value of EZ Benefit: _____ (75%)
Estimated 3rd Year Value of EZ Benefit: _____ (50%)
Estimated 4th Year Value of EZ Benefit: _____ (25%)

Benefits denied for the following reason: _____

Reviewed By: _____

Date: _____

A-2: Machinery and Tool (M&T) Tax Rebate (check/complete all that apply)

Equipment being purchased is new to this operation/location
Cost of Equipment: \$ _____

Equipment being purchased is to replace existing equipment
Value of equipment as reported for previous tax year: \$ _____
Cost of new/replacement equipment: \$ _____

Will your expansion increase your assessed value greater than the previous year's assessed value?

