

Charles A. Gargano  
Chairman

Dear Applicant For Empire Zone Certification:

The Empire Zones Program is one of New York's most successful programs for encouraging businesses to grow and expand in the Empire State.

The Program is administered as a state and local government partnership designed to make participation for qualifying businesses as simple, easy and fast as possible. However, to achieve this objective, attention to detail is a must and we strongly encourage you to contact your local zones office (list attached) for assistance if interested in participating.

To become an Empire Zone certified business, you must first be located in an Empire Zone. This means that you are located in a Zone because you are currently situated within the zone boundaries, or because the boundaries have been, or will be, drawn around your location. Either way, you need to check with the local zones office to determine your situation.

After your business is located in a Zone, the first step you must take to participate in the program is to complete an application (Form EZ-1) for certification. Form EZ-1, when completed, provides all the information necessary for the local zone and the State to evaluate your application in accordance with the law and regulations governing Empire Zone certification. The process only works when this form is filled out accurately and completely--your success at becoming certified depends on this. Whether you, your accountant, or another third party you authorize to represent your business, complete(s) this application, it should be done in consultation with the local zone. **AND, the application must first be provided to the local zone for approval by the local zone certification officer before it is sent to the State for its review and action. Failure to follow this procedure will delay your certification. In addition, if you are moving, or have moved, your business operations from an area of New York State that is not designated as an Empire Zone to a zone location, you must also obtain approval from the municipality you are leaving before you can become certified as an Empire Zone business. Documentation of this approval must accompany the application.**

The application packet includes the following in order: *Empire Zone List of Contacts*, Form EZ-1PI (*Process For Reviewing and Approving Application*), Form EZ-1I (*Instructions To Application*), Form EZ-1 (*Application*). There are two other forms that may be required depending on the circumstances of your business, Form EZ-2 (*Supplemental Form*), Form EZ-3 (*Leased Employees/Common Paymaster Attachment*).

Thank you for your interest in the Empire Zones Program. We look forward to helping your business grow and prosper in New York State!

Sincerely,



Charles A. Gargano

**List of contacts and addresses for sending applications for Empire Zone Certification:** 1/7/2004

Zone Name: Albany (City)  
Albany Local Development Corporation  
21 Lodge Street , Albany, NY 12207  
Contact: Megan Daly  
Phone: (518) 434-2532  
Fax: (518) 434-9846  
E-Mail: [dalym@ci.albany.ny.us](mailto:dalym@ci.albany.ny.us)

Zone Name: Albany County  
Albany County  
112 State Street Room 1006, Albany, NY 12207  
Contact: Sean Maguire  
Phone: (518) 447-5660  
Fax: (518) 447-5662  
E-Mail: [smaguire@albanycounty.com](mailto:smaguire@albanycounty.com)

Zone Name: Amsterdam  
Amsterdam-Florida-Glen EZ  
61 Church Street City Hall, Amsterdam, NY 12010  
Contact: Fred Quist  
Phone: (518) 841-4369  
Fax: (518) 842-0784  
E-Mail: [fredquist@Amsterdamedz.com](mailto:fredquist@Amsterdamedz.com)

Zone Name: Auburn  
City of Auburn  
24 South Street , Auburn, NY 13201  
Contact: Cindy Aikman  
Phone: (315) 255-4115  
Fax: (315) 253-0282  
E-Mail: [caikman@ci.auburn.ny.us](mailto:caikman@ci.auburn.ny.us)

Zone Name: Brookhaven  
Town of Brookhaven  
3233 Route 112 , Medford, NY 11763  
Contact: Anthony Aloisio  
Phone: (631) 451-6563  
Fax: (631) 451-6925  
E-Mail: [taloisio@brookhaven.org](mailto:taloisio@brookhaven.org)

Zone Name: Broome County  
Broome County  
City Hall 38 Hawley Street, Binghamton, NY 13901  
Contact: Margaret Scarinzi  
Phone: (607) 772-7189  
Fax: (607) 772-0508  
E-Mail: [broomezone@clarityconnect.com](mailto:broomezone@clarityconnect.com)

Zone Name: Buffalo  
Buffalo Economic Renaissance Corp.  
Office of Strategic Planning 920 City Hall, Buffalo, NY 14202  
Contact: Michelle Barron  
Phone: (716) 842-2667  
Fax: (716) 842-6942  
E-Mail: [mbarron@berc.org](mailto:mbarron@berc.org)

Zone Name: Buffalo (#2)  
Buffalo Economic Renaissance Corporation  
Office of Strategic Planning 920 City Hall, Buffalo, NY 14202  
Contact: Michelle Barron  
Phone: (716) 842-6923  
Fax: (716) 842-6942  
E-Mail: [mbarron@berc.org](mailto:mbarron@berc.org)

Zone Name: Cattaraugus County  
Cattaraugus Empire Zone Corporation  
120 North Union Street , Olean, NY 14760  
Contact: John Sayegh  
Phone: (716) 373-9260  
Fax: (716) 372-7912  
E-Mail: [jsayegh@oleanny.com](mailto:jsayegh@oleanny.com)

Zone Name: Clinton County  
Plattsburgh Airbase Redevelopment Corp. (PARC)  
22 US Oval Ste. 1000, Plattsburgh, NY 12903  
Contact: R. Bruce Steadman  
Phone: (518) 561-0232  
Fax: (518) 561-8182  
E-Mail: [bruces@parc-usa.com](mailto:bruces@parc-usa.com)

Zone Name: Columbia County  
Columbia Economic Development Corporation  
c/o Columbia Hudson Partnership 444 Warren Street, Hudson,  
NY 12534  
Contact: Todd Erling  
Phone: (518) 828-4718  
Fax: (518) 828-0901  
E-Mail: [terling@mhcable.com](mailto:terling@mhcable.com)

Zone Name: Cortland County  
Cortland County Business Development Corporation  
26 North Main Street P.O. Box 549, Cortland, NY 13045  
Contact: Karen Niday  
Phone: (607) 756-5005  
Fax: (607) 756-7901  
E-Mail: [empirezone@cortlandbusiness.com](mailto:empirezone@cortlandbusiness.com)

Zone Name: Dunkirk (Sheridan)  
Chautauqua Opportunities Inc.  
402 Main Street Suite 2, Dunkirk, NY 14048  
Contact: Rebecca Condon  
Phone: (716) 366-2334  
Fax: (716) 366-7407  
E-Mail: [info@dsedz.com](mailto:info@dsedz.com)

Zone Name: Dutchess County  
Poughkeepsie/Dutchess Development, Inc.  
3 Neptune Road , Poughkeepsie, NY 12601  
Contact: Anne Conroy  
Phone: (845) 463-5406  
Fax: (845) 463-5401  
E-Mail: [anconroy@dcedc.com](mailto:anconroy@dcedc.com)

Zone Name: East Harlem  
East Harlem Business Capital Corporation, Inc.  
2261-63 First Avenue, 3rd Floor , New York, NY 10035  
Contact: Sandra Morales DeLeon  
Phone: (212) 427-6590  
Fax: (212) 427-6537  
E-Mail: [ehbcc@aol.com](mailto:ehbcc@aol.com)

Zone Name: East New York  
Local Development Corporation of East New York  
80 Jamaica Avenue Third Floor, New York, NY 11207  
Contact: Bill Wilkins  
Phone: (718) 385-6700  
Fax: (718) 385-7505  
E-Mail: [billscott44@aol.com](mailto:billscott44@aol.com)

**List of contacts and addresses for sending applications for Empire Zone Certification:** 1/7/04

Zone Name: Elmira  
Southern Tier Economic Growth  
400 E. Church Street P.O. Box 251, Elmira, NY 14902  
Contact: James Johnson  
Phone: (607) 733-6513  
Fax: (607) 734-2698  
E-Mail: [jjohnson@steg.com](mailto:jjohnson@steg.com)

Zone Name: Far Rockaway  
Rockaway Development & Revitalization Corp.  
1920 Mott Avenue , Far Rockaway, NY 11691  
Contact: Ivor Quashie  
Phone: (718) 327-5300  
Fax: (718) 327-4990  
E-Mail: [RDRC1@netzero.net](mailto:RDRC1@netzero.net)

Zone Name: Friendship  
ACCORD Corp./Friendship EZ  
50 West Main Street P.O. Box 129, Friendship, NY 14739  
Contact: Wendall E. Brown  
Phone: (585) 973-2322  
Fax: (585) 973-3014  
E-Mail: [ezdirector@stny.rr.com](mailto:ezdirector@stny.rr.com)

Zone Name: Genesee County  
Genesee County Industrial Development Agency  
1 Mill Street , Batavia, NY 14020  
Contact: Steven C. Lockwood  
Phone: (585) 343-4866  
Fax: (585) 343-0848  
E-Mail: [slockwood@gcedc.com](mailto:slockwood@gcedc.com)

Zone Name: Gloversville  
Fulton County EDC  
Johnstown Professional Office Complex 55 East Main Street,  
Suite 110, Johnstown, NY 12095  
Contact: Carlo Farina  
Phone: (518) 762-8700  
Fax: (518) 762-8702  
E-Mail: [carlof@sites4u.org](mailto:carlof@sites4u.org)

Zone Name: Hornell  
City of Hornell Industrial Development Agency  
40 Main Street , Hornell, NY 14843  
Contact: Steve Dennis  
Phone: (607) 324-0310  
Fax: (607) 324-3776  
E-Mail: [steve@hornellny.com](mailto:steve@hornellny.com)

Zone Name: Islip  
Town of Islip Economic Development  
40 Nassau Avenue , Islip, NY 11751  
Contact: William Mannix  
Phone: (631) 224-5512  
Fax: (631) 224-5532  
E-Mail: [ecodev@isliptown.org](mailto:ecodev@isliptown.org)

Zone Name: Lackawanna  
City of Lackawanna  
640 Ridge Road , Lackawanna, NY 14218  
Contact: Drew Shapiro  
Phone: (716) 823-5124  
Fax: (716) 823-5947  
E-Mail: [dshaplezd@hotmail.com](mailto:dshaplezd@hotmail.com)

Zone Name: Essex County/Moriah-Port Henry  
Moriah/Port Henry Essex County Economic Development Zone  
Corporation  
38 Park Place Suite 5, Port Henry, NY 12974  
Contact: Barbara Brassard  
Phone: (518) 546-3606  
Fax: (518) 546-7911  
E-Mail: [barb@porthenry.com](mailto:barb@porthenry.com)

Zone Name: Franklin County  
Franklin County IDA/Local Development Corp.  
10 Elm Street Suite 2, Malone, NY 12953  
Contact: Martha Weaver  
Phone: (518) 483-8308  
Fax: (518) 483-2900  
E-Mail: [mweaver@franklinez.com](mailto:mweaver@franklinez.com)

Zone Name: Fulton  
City of Fulton Community Development Agency  
125 West Broadway , Fulton, NY 13069  
Contact: Jeff Hodge  
Phone: (315) 593-7166  
Fax: (315) 593-7754  
E-Mail: [jjh312@aol.com](mailto:jjh312@aol.com)

Zone Name: Geneva  
City of Geneva  
City Hall 47 Castle Street, Geneva, NY 14456  
Contact: Valerie Bassett  
Phone: (315) 789-4393  
Fax: (315) 789-4294  
E-Mail: [vbassett@geneva.ny.us](mailto:vbassett@geneva.ny.us)

Zone Name: Greater Jamestown  
City of Jamestown  
Municipal Building 200 East 3rd St., Jamestown, NY 14701  
Contact: Sally Martinez  
Phone: (716) 483-7773  
Fax: (716) 483-7770  
E-Mail: [sally@greaterjamestownez.com](mailto:sally@greaterjamestownez.com)

Zone Name: Hunts Point  
Hunts Point Economic Development Corporation  
355 Food Center Drive, C-104 , Bronx, NY 10474  
Contact: Jeremie Sautter  
Phone: (718) 842-1717  
Fax: (718) 842-6592  
E-Mail: [jsautter@huntspointedc.org](mailto:jsautter@huntspointedc.org)

Zone Name: Kingston  
City of Kingston  
420 Broadway , Kingston, NY 124014626  
Contact: Catherine Maloney  
Phone: (845) 334-3962  
Fax: (845) 334-3976  
E-Mail: [Locate@KingstonEZ.com](mailto:Locate@KingstonEZ.com)

Zone Name: Lewis County  
Lewis County Empire Zone  
Courthouse 7660 State Street, Lowville, NY 13367  
Contact: Dianna Mescher  
Phone: (315) 376-5919  
Fax: (315) 376-5445  
E-Mail: [dmescher@lewiscountyny.org](mailto:dmescher@lewiscountyny.org)

**List of contacts and addresses for sending applications for Empire Zone Certification:** 1/7/04

Zone Name: Madison County  
Madison County  
North Court Street P.O. Box 606, Wampsville, NY 13163  
Contact: John Reinhardt  
Phone: (315) 366-2779  
Fax: (315) 366-2742  
E-Mail: [john.reinhardt@co.madison.ny.us](mailto:john.reinhardt@co.madison.ny.us)

Zone Name: Mount Vernon  
Mount Vernon Urban Renewal Agency  
City Hall-Roosevelt Square , Mount Vernon, NY 10550  
Contact: Ira Mines  
Phone: (914) 699-9317  
Fax: (914) 699-9317  
E-Mail: [idmines@aol.com](mailto:idmines@aol.com)

Zone Name: North Brooklyn (Navy Yard)  
East Williamsburg Valley Industrial Development Corporation  
11 Catherine Street , Brooklyn, NY 11211  
Contact: Emmett Pickett  
Phone: (718) 388-7287  
Fax: (718) 963-1905  
E-Mail: [epickett@ewidco.com](mailto:epickett@ewidco.com)

Zone Name: Ogdensburg  
City of Ogdensburg, EZ NY  
330 Ford Street , Ogdensburg, NY 13669  
Contact: John Rishe  
Phone: (315) 393-7150  
Fax: (315) 393-1136  
E-Mail: [jrishe@ogdensburg.org](mailto:jrishe@ogdensburg.org)

Zone Name: Onondaga County  
Onondaga County Office of Economic Development  
421 Montgomery Street , Syracuse, NY 13202  
Contact: Don Western  
Phone: (315) 435-3770  
Phone:Fax:  
E-Mail: [donalddwestern@ongov.net](mailto:donalddwestern@ongov.net)

Zone Name: Orleans County  
County of Orleans Industrial Development Agency  
111 West Avenue , Albion, NY 14411  
Contact: Gabrielle Barone  
Phone: (585) 589-7060  
Fax: (585) 589-5258  
E-Mail: [gbarone@orleansny.com](mailto:gbarone@orleansny.com)

Zone Name: Otsego County  
Otsego County  
242 Main Street , Oneonta, NY 13820  
Contact: Amanda D. Friedl  
Phone: (607) 432-8871  
Fax: (607) 432-5117  
E-Mail: [friedla@co.otsego.ny.us](mailto:friedla@co.otsego.ny.us)

Zone Name: Port Morris  
South Bronx Overall EDC (SOBRO)  
551-555 Bergen Avenue , Bronx, NY 10455  
Contact: Gretchen Strieter  
Phone: (718) 292-3113  
Fax: (718) 292-3115  
E-Mail: [gstrieter@sobro.org](mailto:gstrieter@sobro.org)

Zone Name: Monroe County  
Empire Zone of Monroe County, Inc.  
50 West Main St., City Place Suite 8100, Rochester, NY 14614  
Contact: Val Beyer  
Phone: (585) 428-4148  
Fax: (585) 428-5336  
E-Mail: [vbeyer@growmonroe.com](mailto:vbeyer@growmonroe.com)

Zone Name: Niagara Falls  
NFC Development Corporation  
1022 Main Street P.O. Box 564, Niagara Falls, NY 14305  
Contact: Clara Dunn  
Phone: (716) 286-8830  
Fax: (716) 286-8836  
E-Mail: [cdunn@nfez.org](mailto:cdunn@nfez.org)

Zone Name: Norwich  
Greater Norwich Empire Zone  
19 Eaton Avenue , Norwich, NY 13815  
Contact: Attn: Tammy Carnrike  
Phone: (607) 334-5532  
Fax: (607) 336-6963  
E-Mail: [infor@norwichez.com](mailto:infor@norwichez.com)

Zone Name: Oneida-Herkimer Counties  
MohawkValley EDGE  
153 Brooks Road , Rome, NY 13441  
Contact: Shawna Papale  
Phone: (315) 338-0393  
Fax: (315) 338-5694  
E-Mail: [spapale@mvedge.org](mailto:spapale@mvedge.org)

Zone Name: Orange County  
Orange County  
Orange County Government Center 255 Main Street, Goshen, NY 10924  
Contact: Bill Trimble  
(315) 435-3669 Phone: (845) 291-2931  
Fax: (845) 291-2724  
E-Mail: [brimble@co.orange.ny.us](mailto:brimble@co.orange.ny.us)

Zone Name: Oswego  
Operation Oswego County, Inc.  
44 West Bridge Street , Oswego, NY 13126  
Contact: David R. Turner  
Phone: (315) 343-3795  
Fax: (315) 342-8231  
E-Mail: [dturner@oswegony.org](mailto:dturner@oswegony.org)

Zone Name: Plattsburgh  
City of Plattsburgh  
41 City Hall Place , Plattsburgh, NY 12901  
Contact: Rosemarie Schoonmaker  
Phone: (518) 563-7642  
Fax: (518) 563-4208  
E-Mail: [rose@cityofplattsburgh.com](mailto:rose@cityofplattsburgh.com)

Zone Name: Potsdam  
Potsdam Planning and Development Office  
Civic Center PO Box 5168, Potsdam, NY 13676  
Contact: Paul Stevenson  
Phone: (315) 265-1670  
Fax: (315) 265-6020  
E-Mail: [pstevens@vi.potsdam.ny.us](mailto:pstevens@vi.potsdam.ny.us)

## List of contacts and addresses for sending applications for Empire Zone Certification: 1/7/04

Zone Name: Rensselaer County  
Rensselaer County Economic Development & Planning  
1600 7th Avenue , Troy, NY 12180  
Contact: Dan Pollay  
Phone: (518) 270-2914  
Fax: (518) 270-2981  
E-Mail: [dpollay@rensco.com](mailto:dpollay@rensco.com)

Zone Name: Rome  
Rome Industrial Development Corporation  
139 W. Dominick Street , Rome, NY 13440  
Contact: Mark Kaucher  
Phone: (315) 337-6360  
Fax: (315) 337-0918  
E-Mail: [mkaucher@romeny.org](mailto:mkaucher@romeny.org)

Zone Name: Schenectady (Glenville)  
City of Schenectady  
City Hall 105 Jay Street, Room 14, Schenectady, NY 12305  
Contact: Steven Strichman  
Phone: (518) 382-5049  
Fax: (518) 382-5275  
E-Mail: [sgez@nycap.rr.com](mailto:sgez@nycap.rr.com)

Zone Name: Seneca County  
Seneca County Industrial Development Agency  
One DiPronio Drive , Waterloo, NY 13165  
Contact: Patricia Jones  
Phone: (315) 539-1727  
Fax: (315) 539-4340  
E-Mail: [pjones@co.seneca.ny.us](mailto:pjones@co.seneca.ny.us)

Zone Name: Southwest Brooklyn  
Southwest Brooklyn Industrial Development Corporation  
269 37th Street, 2nd Floor , Brooklyn, NY 11232  
Contact: Josh Keller  
Phone: (718) 965-3100  
Fax: (718) 965-4906  
E-Mail: [jkeller@swbidc.org](mailto:jkeller@swbidc.org)

Zone Name: Staten Island - West Shore  
Staten Island Economic Development Corporation  
900 South Ave. Suite 402, Staten Island, NY 10314  
Contact: Helen Anne Tvedt  
Phone: (718) 477-1400  
Fax: (718) 477-0681  
E-Mail: [htvedt@si.rr.com](mailto:htvedt@si.rr.com)

Zone Name: Sullivan County  
Sullivan County  
Government Center 100 North Street, Monticello, NY 12701  
Contact: George Bucci  
Phone: (845) 794-3000  
Fax: (845) 794-5538  
E-Mail: [george.bucci@co.sullivan.ny.us](mailto:george.bucci@co.sullivan.ny.us)

Zone Name: Tioga County  
Tioga County Economic Development and Planning  
56 Main Street , Owego, NY 13827  
Contact: Teresa Saraceno  
Phone: (607) 687-8260  
Fax: (607) 687-1435  
E-Mail: [saraceno@co.tioga.ny.us](mailto:saraceno@co.tioga.ny.us)

Zone Name: Rochester  
Rochester Economic Development Corporation  
30 Church Street Room 005-A City Hall, Rochester, NY 14614  
Contact: Beth Ehmann  
Phone: (585) 428-6853  
Fax: (585) 428-6042  
E-Mail: [ehmannb@cityofrochester.gov](mailto:ehmannb@cityofrochester.gov)

Zone Name: Saratoga County  
Saratoga County Economic Development Corporation  
28 Clinton Street , Saratoga Springs, NY 12866  
Contact: Shelby Schneider  
Phone: (518) 587-0945  
Fax: (518) 587-5855  
E-Mail: [sschneider@saratogaedc.com](mailto:sschneider@saratogaedc.com)

Zone Name: Schuyler County  
Schuyler County Partnership for Economic Development  
2 North Franklin Street , Watkins Glen, NY 14891  
Contact: Barbara Halpin  
Phone: (607) 535-4341  
Fax: (607) 535-7221  
E-Mail: [bhscoped@bis.com](mailto:bhscoped@bis.com)

Zone Name: South Jamaica  
Greater Jamaica Development Corp.  
90-04 161 Street , Jamaica, NY 11432  
Contact: Martha Sobhani  
Phone: (718) 291-0282  
Fax: (718) 658-1405  
E-Mail: [msobhani@gjdc.org](mailto:msobhani@gjdc.org)

Zone Name: Staten Island - North Shore  
Staten Island Economic Development Corporation  
900 South Avenue Suite 402, Staten Island, NY 10314  
Contact: Helen Anne Tvedt  
Phone: (718) 477-1400  
Fax: (718) 477-0681  
E-Mail: [htvedt@si.rr.com](mailto:htvedt@si.rr.com)

Zone Name: Suffolk County  
Town of Riverhead Community Development Agency  
200 Howell Avenue , Riverhead, NY 11901  
Contact: Tracy Stark  
Phone: (631) 208-0570  
Fax: (631) 208-3023  
E-Mail: [edz@riverheadli.com](mailto:edz@riverheadli.com)

Zone Name: Syracuse  
Rebuild Syracuse, Inc.  
City Hall 233 E. Washington St., Rm. 312, Syracuse, NY 13202  
Contact: Marge Simcuski  
Phone: (315) 448-8028  
Fax: (315) 448-8036  
E-Mail: [msimcuski@yahoo.com](mailto:msimcuski@yahoo.com)

Zone Name: Tonawanda  
Town of Tonawanda  
169 Sheridan-Parkside Drive , Tonawanda, NY 14150  
Contact: Chuck Bell  
Phone: (716) 871-8072  
Fax: (716) 871-8073  
E-Mail: [cbell@tonawanda.ny.us](mailto:cbell@tonawanda.ny.us)

**List of contacts and addresses for sending applications for Empire Zone Certification:** 1/7/04

Zone Name: Triple Cities (Broome County)  
Binghamton Local Development Corporation  
City Hall, 4th Floor 38 Hawley Street, Binghamton, NY 13901  
Contact: Margaret Scarinzi  
Phone: (607) 772-7189  
Fax: (607) 772-0508  
E-Mail: [broomezone@clarityconnect.com](mailto:broomezone@clarityconnect.com)

Zone Name: Utica  
City of Utica  
One Kennedy Plaza , Utica, NY 13502  
Contact: Jack Spaeth  
Phone: (315) 792-0195  
Fax: (315) 797-6607  
E-Mail: [jspaeth@cityofutica.com](mailto:jspaeth@cityofutica.com)

Zone Name: Washington County  
Washington County Local Development Corporation  
County Office Building 383 Broadway, Ft. Edward, NY 12828  
Contact: Mac Sanders  
Phone: (518) 746-2295  
Fax: (518) 746-2293  
E-Mail: [msanders@co.washington.ny.us](mailto:msanders@co.washington.ny.us)

Zone Name: Wayne County  
Wayne County  
16 Williams Street , Lyons, NY 14489  
Contact: Lydia Birr  
Phone: (315) 946-5975  
Fax: (315) 946-5918  
E-Mail: [lbirr@co.wayne.ny.us](mailto:lbirr@co.wayne.ny.us)

Zone Name: Troy  
City of Troy  
City Hall One Monument Square, Troy, NY 12180  
Contact: Sondra Little  
Phone: (518) 270-4589  
Fax: (518) 270-4642  
E-Mail: [sondra.little@troyny.org](mailto:sondra.little@troyny.org)

Zone Name: Warren County  
Warren County Economic Development Corporation  
234 Glen Street , Glens Falls, NY 12801  
Contact: Maureen O'Brien Donovan  
Phone: (518) 761-6007  
Fax: (518) 761-9053  
E-Mail: [mdonovan@warrencounty.org](mailto:mdonovan@warrencounty.org)

Zone Name: Watertown  
Watertown Empire Zone  
800 Starbuck Avenue, Ste. 801 , Watertown, NY 13601  
Contact: Andrew Davis  
Phone: (315) 782-1167  
Fax: (315) 786-3495  
E-Mail: [andrew@camoinassociates.com](mailto:andrew@camoinassociates.com)

Zone Name: Yonkers  
City of Yonkers Office of Economic Development  
City Hall 40 South Broadway, 4th Fl., Yonkers, NY 10701  
Contact: Lisa Mrijaj / Mary Alice Brady  
Phone: (914) 377-6135  
Fax: (914) 377-6003  
E-Mail: [maryalice.brady@cityofyonkers.com](mailto:maryalice.brady@cityofyonkers.com) ;  
[lisa.mrijaj@cityofyonkers.com](mailto:lisa.mrijaj@cityofyonkers.com)



State of New York  
Empire Zones Program  
Process For Reviewing and Approving  
**APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE**

The following description of the approval process for Empire Zone Certification applications is based on New York State regulations (Section 11.5 of Part 11 of Chapter II, Title 5 NYCRR). **Submission of an incomplete application or an application with incorrect or fraudulent information will result in a delay of approval for, or a denial of, certification.**

Completed applications for certification must be submitted by the business enterprise to the local zone for approval by the local zone certification officer. The local zone certification officer must approve or disapprove the completed application within **10 business days** of receiving a completed application. A completed application means the official Empire Zone certification application form has been filled out in its entirety and all required information is provided. If an application is incomplete, the local zone should return the application to the applicant for completion.

If the local zone certification officer disapproves the application, he or she must notify the business enterprise in writing, specifying the grounds for disapproval, and send a copy of such notification and the application to the Commissioner of Economic Development. If the application is approved, it must be delivered to the Commissioner of Economic Development.

Within **five business days** of receiving the completed and signed copy of an application approved by the local zone certification officer, the Commissioner of Economic Development shall deliver one copy to the Commissioner of Labor. However, if the application is missing any information, the Commissioner of Economic Development must first notify the local zone. The local zone must provide the requested information to the Commissioner of Economic Development within **10 business days** from the receipt of the notification. If the local zone fails to provide the requested information within the **10 business days**, the Commissioner of Economic Development shall disapprove the application.

Within **15 business days** of receipt of a copy of an application from the Commissioner of Economic Development, the Commissioner of Labor shall approve or disapprove the application. Provided, however, that within **10 business days** of receipt of the copy of the application from the Commissioner of Economic Development, the Commissioner of Labor shall notify the applicant of all deficiencies, and the applicant has **15 business days** from the mailing of the notification to correct any deficiencies. If the applicant fails to correct the deficiencies within the time specified, the Commissioner of Labor shall disapprove the application.

If the Commissioner of Labor approves the application, the copy is delivered to the Commissioner of Economic Development. The Commissioner of Economic Development must approve or disapprove of the application within **five business days** of receiving a copy from the Commissioner of Labor.

Once the Commissioner of Economic Development approves the application, a numbered certificate is issued and delivered to the local zone authorizing the business to operate as an Empire Zone enterprise. The local certification officer must sign and issue to the applicant the numbered certificate of Empire Zone joint certification, and send copies to the Commissioners of Labor, Economic Development and Taxation and Finance.

The effective date of certification for an approved application is the date the local zone certification officer approves the application as indicated by his or her signature and the date such signature was affixed to the application.

If at any time during the review process, an application is disapproved, the grounds for disapproval will be specified and provided to the applicant by the local zone.



State of New York  
Empire Zones Program  
Instructions for completing and transmitting the  
**APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE**

The information requested in sections A-F of this application should be provided by **the responsible officer of the business seeking certification** as an Empire Zone enterprise, or an authorized representative of that business. Instructions are provided below for select questions in the application where the answer is not evident and further explanation is needed.

The completed application must be signed by the applicant or an authorized representative. Please note that if a third party will be signing the application on behalf of the applicant, a completed power of attorney must be submitted along with this application. After signing the acknowledgements where indicated in Section F, the completed application must be forwarded to the local zone. (See list of Empire Zone Contacts) **Do not submit this application directly to The Department of Economic Development. You must first obtain the approval of the zone certification officer. Failure to follow this procedure will result in the delay of approving your application.**

**NOTE TO ALL APPLICANTS OR THEIR AUTHORIZED REPRESENTATIVES: Submission of an incomplete application or an application with incorrect or fraudulent information will result in a delay of approval for, or a denial of, certification.**

FOR LOCAL ZONE USE: The local certification officer shall mail the completed application to: Empire State Development, 30 South Pearl Street, 7<sup>th</sup> Floor, Albany, New York 12245.

**SECTION A: Description of Applicant Business**

1. Please use the legal name of the business organization. You can include the name under which the business operates (i.e., dba), provided it accompanies the legal name. NOTE: Legal name should correspond with taxpayer ID given on item 13.
  
5. The North American Industrial Classification System (NAICS) is a new business classification scheme introduced by the Office of Management and Budget (OMB) in 1997 to replace the SIC and make it more compatible with systems used in Canada and Mexico. These codes are assigned to all business establishments. Therefore, a business with multiple establishments can have multiple classification codes assigned to it. **For purposes of Empire Zone certification, please provide the NAICS code for the establishment for which the applicant is seeking certification.** If you are not certain what your NAICS code is, you can call 1-800-HIRE-992 or go to [www.census.gov](http://www.census.gov).
  
6. Please check all that apply. For example, if a business is minority **and** women owned, check both. An existing business is any business that has been taxed or is currently subject to taxes under New York State tax law. A new business is any entity other than those defined as existing businesses. For a more detailed explanation, please refer to Publication 26 of the NYS Department of Taxation and Finance, see §210.12(j) or §§ 601(f), 606(a)(10) or 606(I)(1) of the Tax Law, call 1-800-972-1233, or visit the Tax and Finance website at [http://www.tax.state.ny.us/sbc/empire\\_zone.htm](http://www.tax.state.ny.us/sbc/empire_zone.htm).
  
7. Please specify whether the business is a calendar year or fiscal year taxpayer. If fiscal year, indicate the fiscal period (i.e. 7/1 – 6/30).

## SECTION B: Business Location and Contact Information

8. Please specify the Empire Zone in which the business is currently located, or will be located, for purposes of this certification application. Please note that an application must be completed for each establishment of the business – that is, you can not complete one application for multiple establishments in multiple Zones; the application is zone-specific.
9. A business is **currently in the Zone** if it has an establishment that is **physically located within the existing boundaries** of the Zone. Be sure to provide a street address for this location. A business is **not in the Zone** if a pending boundary revision is still awaiting official approval from the Commissioner of Economic Development, is moving to the Zone from another location in NYS, or is moving to the Zone from outside of NYS. **If a boundary revision is pending, the local certification officer must not forward this application to the Department of Economic Development until the Commissioner approves the boundary change. And, the business cannot be certified prior to the date of the Commissioner's approval.** If the company is moving from another location in NYS that is not currently within the boundaries of an Empire Zone, then a resolution pursuant to § 959(a)(iii) of the General Municipal Law must be approved by the municipality in which the company is currently located, except when the company is moving from an incubator facility. **Be sure to check with the local zone coordinator to ensure all requirements of the shift resolution have been fulfilled and all necessary attachments accompany this application.**
10. The location in Zone refers to where within the Zone the applicant's establishment either is, or will be, physically situated. The address should be as complete as possible including a street name and number, e.g. 99-101 Saw Mill River Road, Yonkers, New York 10701.
11. Applicants must consult with the local Zone to answer this question. If the location was part of the original Zone boundaries, then the designation date of the Zone should be used. If the location was made part of the Zone in a subsequent boundary revision, then the effective date of the boundary revision should be used.
12. The mailing address refers to where correspondence, packages, etc. for the applicant should be mailed, if different from the address indicated above.
13. Provide a name, company, address, phone, fax and email for the designated representative of the applicant. The designated representative is the person with whom the local zone, and officials from the Departments of Economic Development and Labor will communicate regarding all questions and matters relating to the application for certification. If the designated representative of the applicant is a consultant, accountant, or other third party representative of the applicant, then the responsible officer of the applicant must provide a letter authorizing the representative to release information necessary for completion of the application to ESD and NYSDOL. A completed power of attorney form may be attached in lieu of a letter. A completed power of attorney must be submitted if the third party representative is signing the application on behalf of the applicant.

## SECTION C: Business Identification Numbers

14. The Federal Employer Identification Number (FEIN) is the business' taxpayer identification number. If the business is an S Corporation or sole-proprietorship, please provide the social security number for the principal owner. To apply for a FEIN, a business may request a copy of Form SS-4 by calling (703) 368-9694 from a fax machine. When prompted, request Fax Order #16055. The completed application (for NYS businesses only) may be faxed to (516) 447-4991. Include the business' fax-back number.

15. The Unemployment Insurance Registration Number (UI) is the number assigned when the business registered with the Department of Labor, Unemployment Division. The UI number may be obtained from the Department of Labor, Unemployment Division at (518) 485-8589 or 1-888-899-8810.
16. The Worker's Compensation Policy Number (WCI) is the Workers' Compensation insurance policy number. If hiring has already occurred, the policy must be in effect. For further information contact the Worker's Compensation Board at (518) 474-6967 or go to <http://www.wcb.state.ny.us/content/main/Employers.htm>. If there is no WCI policy number, indicate if the applicant is self-insured. If not, insurance may be purchased from the State Insurance Fund, call 1-888-875-5790 or the Worker's Compensation Board, Self Insurance Office (518) 402-0247.
17. The Disability Insurance Policy Number (DI) is the Disability benefits insurance policy number. If hiring has already occurred, the policy must be in effect. For further information, call 1- 800-353-3092. If there is no DI policy number, indicate if the applicant is self-insured. If not, insurance may be purchased from the State Insurance Fund, call 1-888-875-5790 or the Worker's Compensation Board, Self Insurance Office (518) 402-0247.
18. Another business entity or common paymaster's federal taxpayer identification number, unemployment insurance registration number, or worker's compensation or disability insurance policy may cover the applicant. If so, complete and attach Form EZ-3. This form is necessary for the common paymaster to authorize the Department of Labor to disclose unemployment insurance information and records for purposes related to certifying the applicant.
19. If any of the retained jobs or new jobs created are or will be for leased employees, complete and attach form EZ-3. This form is necessary for the leasing company to authorize the Department of Labor to disclose unemployment insurance information and records for purposes related to certifying the applicant.
20. Predecessor Company. Any entity that was engaged in work substantially similar to your company prior to the establishment of your company where there is a substantial continuity of operation between that entity and your company. Substantial continuity of operation includes, but is not limited to, such considerations as some of the same officers or shareholders, or access and use of the same equipment and facilities.

#### **SECTION D: Certification History and Application Criteria**

21. If the applicant has previously been denied, the Commissioner of Economic Development would have notified, in writing, the local certification officer and the Department of Labor, specifying the grounds for disapproval. The local zone certification officer would have notified the applicant. If unsure whether a previous application has been denied, contact the local zone. (See list of Empire Zone Contacts)
22. Check with the local zone to see if the applicant previously received certification that has been revoked. If so, provide a brief explanation of how the problem or issue that led to the revocation has been either remedied or resolved. If no remedy or resolution to the issue has been made, indicate "NO REMEDY/RESOLUTION."

- 22a. A full-time equivalent employee means a person employed in a job consisting of at least 35 hours per week, or two or more jobs that together constitute the equivalent of a job of at least 35 hours per week. A seasonal job that meets these requirements constitutes a full-time equivalent position if the job is continuous for at least three months. A general executive officer is an appointed or elected officer of the business having company-wide authority with respect to assigned functions or responsibility for an entire division of the company, such as chairman, president, vice-president, treasurer, assistant treasurer, comptroller, etc. **SPECIAL NOTE:** If the business applicant is moving into the Zone (via a shift in operations from elsewhere in New York State, or a relocation in the state), but is not physically located in the Zone at the time this application is being completed, the business should indicate the number of employees that will be “shifted” or “relocated” into the Zone at the time that the physical shift or relocation occurs. For example, if the business applicant has 2 non-zone facilities in NYS employing 10 at one and 10 at another, and will be initially shifting 12 employees into the zone (all 10 from one facility and only 2 from another) then 12 employees should be used to answer this question. Even if the company will eventually shift all 20 employees into the Zone, at the time that the physical shift occurs, only 12 will be shifted. Similarly if a company plans to relocate 20 employees from an out-of-state facility into the Zone, but only 12 will be initially relocated at the time the physical relocation occurs, then 12 should be used in the answer to this question.
- 22b. If there is less than one FTE currently employed, please indicate PT (part-time) in the answer to this question.
- 23e. Projected fixed asset investment includes dollars projected to be spent by the business for real property acquisition, real property improvements, machinery and equipment, vehicles and other equipment to be used at the applicant’s zone establishment.
25. Briefly explain the basis upon which the applicant claims to be able to project new jobs or additional investments. This explanation should describe the **business need** to hire new employees or make capital investments and can include a description of the general economic conditions and/or conditions specific to the applicant’s business that are driving the need to either hire new employees or make capital investments? For example, Company A recently landed a major multi-year contract with one of its key customers and needs to invest \$750,000 in production machinery and equipment and double its work force over the next two years to fulfill the customer orders. Or, Company B’s sales have grown significantly over the past year and needs to add a second shift to its production operations in order to keep pace. Investments of \$100,000 in building repairs and equipment upgrades will be needed to accommodate this expansion.
26. Preventing a loss of jobs in the Zone can include retention of all, or some of the existing jobs. For example, a business may need to make some operational changes that will increase productivity and efficiency to stay competitive. These changes may enable the company to prevent the loss of all jobs even though some workers will have to be laid off.



State of New York
Empire Zones Program

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APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE

Please answer all questions carefully and completely. Original signatures are required on the SIGNATURE PAGE. Submission of an incomplete application or one with incorrect or fraudulent information will result in a delay of approval for, or a denial of certification.

SECTION A: Description of Applicant Business

1. Name of Organization (use legal name)
2. Form of Organization (check one) Corporation Partnership S. Corporation LLC Non-Profit Proprietorship
3. Nature of Business (check one) Retail Commercial/ Service Manufacturing Other
4. Date of Formation or Incorporation (mm/dd/yyyy)
5. NAICS
6. Is this business (check all that apply) Women-Owned Minority-Owned Existing Business New Business
7. Period of which business taxable year is based Calendar year Fiscal year

SECTION B: Business Location and Contact Information

8. Name of Empire Zone in which business is (will be) located
9. Is this business (check one) Currently in Zone Not in Zone, located in pending Zone boundary revision Moving Into Zone From Elsewhere in NYS (Outside an Empire Zone - attach shift resolution from municipality) Another Empire Zone in NYS Outside of NYS
10. Location in Zone Street City Zip
11. Date this location was placed in the Zone (mm/dd/yyyy)
12. Mailing address (if different than above) Street/P.O. Box City State Zip
13. Designated contact for applicant business (see instructions) Name of Company Street City State Zip Phone Fax E-mail

SECTION C: Business Identification Numbers - Refer to instructions before completing Section C.

14. Federal Employer Identification Number (FEIN)/Taxpayer Identification Number
15. NYS Unemployment Insurance (UI) Registration Number
16. Workers' Compensation Policy Number
If no policy number, is the applicant self-insured? Yes No Insured by NYSIF Yes No
Name of Carrier
17. Disability Insurance Policy Number
If no policy number, is the applicant self-insured? Yes No Insured by NYSIF Yes No
Name of Carrier
18. Is the applicant using a identification number of another business entity or common paymaster for unemployment? Yes No If Yes, complete and attach EZ-3.
19. Will any of the retained jobs or new jobs created be for leased employees? Yes No If Yes, complete and attach EZ-3.
20. Is there a predecessor company?(see instructions) Yes No If Yes, please provide, Name of Company FEIN

**SECTION D: Certification History and Application Criteria**

21 Has this business previously applied for certification and been denied on grounds of violating NYS or federal worker protection laws?  Yes  No

22. Has this business previously received certification that has been revoked?  Yes  No

If yes, what was the basis for the revocation? \_\_\_\_\_

How has the problem/issue been remedied/resolved? \_\_\_\_\_

22a. Total number of full-time equivalent (FTE) employees **in the Zone** (excluding general officers) using the average of the last four quarters ending on March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> and December 31<sup>st</sup>, for the calendar year preceding the date the applicant signs the application. \_\_\_\_\_

22b. Total number of FTE employees **in the Zone** as of the date the applicant signs the application. \_\_\_\_\_

23. Does the applicant intend to create new positions or make new capital investments **in the Zone**?  Yes  No

If you answered yes to question 23 please answer questions 23a through 23d.

a. Projected number of new FTE positions (excluding general executive officers) to be created **in the Zone** during the first two years of certification for positions in which a substantial part of the work will be performed in the Zone. *(NOTE: Use month and year in which the applicant signs the application as the reference point.)* \_\_\_\_\_

b. Average starting hourly wage for these positions. \$ \_\_\_\_\_

c. Date to begin hiring. \_\_\_\_/\_\_\_\_/\_\_\_\_

d. Will any of the new FTE positions **in the Zone** be positions transferred from other establishments owned or operated by the applicant that are located in other municipalities, towns or villages in the state?  Yes  No

e. Projected fixed asset investment (in \$\$'s) to be made **in the Zone facility** during the first two years of certification. *(NOTE: Use month and year in which the applicant signs the application as the reference point.)* \_\_\_\_\_

24. If the projected number of new FTE positions to be created or the capital investments to be made **in the Zone** will occur more than two years after certification, indicate the number of new positions, amount of capital investments and the expected date for these events to occur.

Number of New FTE Positions: \_\_\_\_\_ Expected Date To Begin Hiring (mm/year): \_\_\_\_\_

Capital Investments: \_\_\_\_\_ Expected Date To Begin Investments (mm/year): \_\_\_\_\_

25. Briefly explain the basis for the applicant's claims to hire new employees or make new capital investments (See instructions).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. If the applicant business answered no to question 23, does the applicant intend to prevent a loss of jobs in the Zone?  Yes  No

27. **TO BE COMPLETED BY THE ZONE.** If the applicant is not projecting new FTE positions to be created nor capital investments to be made in the Zone, provide a statement in support for this application indicating how the certification of this business will enhance the economic climate of the Zone.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECTION E: Acknowledgments And Agreements By Authorized Representative of the Applicant Organization

As the responsible officer, (print or type name) \_\_\_\_\_ I hereby:

- a. Acknowledge the company's obligation to provide 90-day written notice to the Commissioner of Economic Development, the local Empire Zone certification officer, the local Empire Zone administrative board, the local Zone Capital Corporation, and the employees of the business enterprise of any intent to close or partially close a facility within the Zone. For the purposes of this agreement, "closing" means the permanent termination of the business facility's operation, and "partial closing" means the permanent termination of a portion of the business facility's operations that will immediately reduce the workforce by 50 employees or 50 percent over a one-year period, whichever is greater;
- b. Agree to list for the purposes of recruitment all openings (exclusive of general executive offices) for jobs and training programs in the zone facility with the local job services office of the New York State Department of Labor, or demonstrate to the satisfaction of the Commissioner of Economic Development and the Commissioner of Labor what other comparable methods will be used to recruit targeted individuals for such openings;
- c. Agree to submit an annual report to the local Empire Zone Certification Officer on a form to be prescribed by the Commissioner of Economic Development, including but not limited to, data on the extent to which the certified facility has met the projections set forth in this application and, if applicable, the reason it has not; and,
- d. Authorize the Commissioner of Labor to disclose to employees of the New York State Departments of Labor and Economic Development and the local Empire Zone certification officer all records of employment filed by the company in making Unemployment Insurance reports and contributions required by the Unemployment Insurance Law and all records of delinquencies. The use of information and records released pursuant to this authorization shall be limited to the government purposes relating to certifying the company for Empire Zone benefits and incentives under General Municipal Law Article 18B, monitoring compliance with program criteria, and reviewing the performance of the zone programs.
- e. Acknowledge that if business enterprise, or its agent, during the three years preceding the submission of this application for certification, engaged in a substantial violation or a pattern of violations of laws regulating unemployment insurance, workers' compensation, public work, child labor, employment of minorities and women, safety and health, labor standards, or other laws for the protection of workers as determined by final judgment of a judicial or administrative proceeding may result in denial of certification.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

State of New York \_\_\_\_\_ )

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_ (year), before me personally appeared (name) \_\_\_\_\_ to me

known, who being by me duly sworn, did depose and say that he/she resides at (address) \_\_\_\_\_

that he/she is the (title) \_\_\_\_\_ of (business entity) \_\_\_\_\_, the business entity


described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

Notary  
Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION F: Record of Receipt and Approval/Disapproval of Application for Joint Certification of an Qualified Empire Zone Enterprise

To be completed by local Empire Zone Certification Officer.

I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.

 *If the applicant will be located in the zone by a pending zone boundary revision, this certification application **must not be forwarded** by the local Empire Zone Certification Officer to the Commissioner of Economic Development until the boundary revision has been **officially approved** by such commissioner.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

To be completed by the Commissioner of the NYS Department of Labor.

I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.

Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

To be completed by the Commissioner of the NYS Department of Economic Development.

I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.

Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_



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**State of New York  
Empire Zones Program**  
APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE  
**Supplemental Form**

This form is to be used **only** if applicant cannot fit all requested information on the Application for Joint Certification of a Empire Zone Business Enterprise (EZ-1). Any information provided on this form should be identified by the section and question number on form (EZ-1) to which it refers.

Name of Organization \_\_\_\_\_

Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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State of New York
Empire Zones Program

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APPLICATION FOR JOINT CERTIFICATION OF A EMPIRE ZONE BUSINESS ENTERPRISE
Leased Employee/Common Paymaster Attachment

Professional Employment Organization (PEO) or common paymaster authorization to release employment records to the New York State Department of Labor.

If the applicant company leases or intends to lease employees from an Professional Employment Organization or common paymaster, complete the following information and obtain the appropriate signatures and notarization from said PEO or common paymaster. Attach this page to EZ-1.

Name of Applicant \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

SECTION A:

To be completed by a responsible officer of the applicant company.

- 1. Total number of FTE employees leased employees or employees related to a common paymaster in the Zone as of the quarter ending March 31st, June 30th, September 30th or December 31st, preceding the date of application, whichever is latest.
2. Projected number of positions to be created within the first two years for which leased employees or employees related to common paymaster will be used.

SECTION B:

To be completed by a responsible officer of the Professional Employment Organization or common paymaster.

Name of Professional Employment Organization or common paymaster \_\_\_\_\_

Federal Employer Identifier Number (FEIN) \_\_\_\_\_

NYS Unemployment Insurance (UI) Registration Number \_\_\_\_\_

As the responsible officer of the Professional Employees Organization or common paymaster, I, \_\_\_\_\_,

hereby authorize the Commissioner of Labor to disclose to employees of the New York State Department of Labor all records of employment filed by this company in making unemployment insurance reports and contributions for the applicant company required by the Unemployment Insurance Law. The use of information and records released pursuant to this authorization shall be limited to the government purposes related by certifying the applicant company for Empire Zone benefits and incentives under General Municipal Law, Article 18B, monitoring compliance with Empire Zones Program criteria, and auditing the performance of the Empire Zones Program.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

Affix stamp here