



**CITY OF SUFFOLK
TECHNOLOGY ZONE PROGRAM
APPLICATION**

Business Name: _____

Business Address: _____

Mailing Address: _____
(If different from business address)

Business Phone: _____

Contact's Name: _____ Email: _____

Contact's Phone: _____ Cell Phone: _____

Applicable NAIC (North American Industry Classification): Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> 334 Computer & Electronic Product Manufacturing | <input type="checkbox"/> 5112 Software Publishers |
| <input type="checkbox"/> 517 Telecommunications | <input type="checkbox"/> 518 Data Processing, Hosting, & Related Services |
| <input type="checkbox"/> 51913 Internet Publishing and Broadcasting & Web Search Portals | <input type="checkbox"/> 5415 Computer Systems Design and Related Services |
| <input type="checkbox"/> 5417 Scientific Research & Development Services | <input type="checkbox"/> 8112 Electronic & Precision Equipment Repair & Maintenance |

Expanding Suffolk Business

New Suffolk Business

Total Square Footage Occupied Before Expansion: _____ sf Total Square Footage Occupied: _____ sf

Total Square Footage Occupied After Expansion: _____ sf

Number of Employees based at Suffolk location: _____

Business License Tax

Amount Paid: \$ _____ Year Paid: _____ Amount of Return (50% of Amount Paid): _____

Personal Property Tax

Amount Paid: \$ _____ Year Paid: _____ Amount of Return (50% of Amount Paid): _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and that as a representative of the business named in this application I am legally authorized to execute this application. I also certify that I have read and understand the Technology Zone Program Policies and Policies.

Signature: _____ Title: _____

Print Name: _____ Date: _____

THIS SECTION FOR OFFICIAL USE ONLY

City Treasurer's Office - Verification of Taxes Paid

Business License Tax Paid: _____ Personal Property Tax Paid: _____ Signature/Date: _____

Finance Department - Verification of the availability of funds.

Signature/Date: _____