



*Queen
Anne's
County*



QUEEN ANNE'S COUNTY
ECONOMIC DEVELOPMENT

County Commissioners:

James J. Moran, At Large
Jack N. Wilson, Jr., District 1
Stephen Wilson, District 2
Phillip Dumenil, District 3
Chris Corchiarino, District 4

Jean E. Fabi, Economic Development Manager
425 Piney Narrows Road
Chester, MD 21619
Telephone: (410) 604-2100
County Cell: (410)490-4695
Fax: (410) 604-2101

**Application for Maryland State Enterprise Zone Certification in
Queen Anne's County, Maryland**

This application will determine whether your business, property, or project is eligible for Maryland Enterprise Zone tax credits. If determined to be eligible, you will receive a letter from the Enterprise Zone Administrator indicating which tax credit(s) you are eligible to receive.

Applying For:

Income Tax Credit _____

Real Property Tax Credit _____

This Section is to be filled by Local Zone Administrators Only

- To be eligible, an applicant must answer all questions in Sections A and B
- If applying for the "Property" tax credit, please complete Section C
- If applying for the "Employment (income)" tax credit, please complete Section D

Section A: Applicant Information (Please complete)

Name of Business / Developer applying for Enterprise Zone credits:

Name of Contact Person: _____

Title: _____

Phone: _____

Email: _____

Mailing Address: _____

Section B: Enterprise Zone Property Information (Please complete)

Enterprise Zone Property Address: _____

Property Tax Account Number: _____

Property Ownership (Name): - _____

Lease: _____ Or Own: _____

Section C: Enterprise Zone Property Improvements Information for Property Tax Credit

To be eligible for Enterprise Zone property tax credits, the application must be submitted prior to the project completion date and issuance of User/Occupancy Permits. If the developer or company making property improvements is applying on behalf of the property owner, the property owner must concur with the

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Application

application by co-signing below. The property tax credits are automatically applied to the property tax bill (i.e., directly awarded to the property owner only). If you are not applying for the property tax credit, this section may be left blank.

Owner of the Real Property: _____

Mailing address of Property Owner: _____

Phone: _____

Email Address: _____

Project Start Date: _____

Anticipated Project Completion Date: _____

Briefly describe capital improvements plans: _____

Type of Construction and Costs:

Cost of building(s) & land (acquisition): \$ _____

New Construction: \$ _____

Rehabilitation: \$ _____

Cost of new machinery & equipment*: \$ _____

I agree as a condition of certification to provide all data required by the Enterprise Zone Administrator as requested.

Name of Applicant: _____ Position/Title: _____

Applicant Signature: _____ Date: _____

Name of Property Owner: _____ Position/Title: _____

Property Owner Signature: _____ Date: _____

*Cost of new machinery & equipment is not a part of real property assessment but provides information on project costs.

Section D: Enterprise Zone Employment Tax Credit Information (Please complete for Income Tax Credit)

To be eligible of Enterprise Zone employment tax credits, please complete the following section. Employment tax credits to be applied against State income tax liabilities are available for certain new employees hired in the Enterprise Zone. The requirements for qualified employees can be found on Maryland Department of Commerce Website: <http://commerce.maryland.gov/fund/programs-for-businesses/enterprise-zone-tax-credit>. If you are not applying for the employment tax credit, this section may be left blank.

Federal Employer Identification Number (EFIN): _____

Unemployment Insurance #: _____ NAICS Code (if available): _____

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Type of Business (i.e., restaurant, retail, financial services, etc.): _____

(Note: Fast Food Restaurants, Convenience Stores, Gas Stations, Adult Entertainment and Gaming Establishments are not eligible to receive Enterprise Zone tax credits in Queen Anne’s County).

Is business located in the Enterprise Zone now? Yes ____ No ____

If yes, since what year: _____

Is the business relocation from another place? Yes ____ No ____

If yes, where was the previous location?: _____

Is the business a new, start-up? Yes ____ No ____

Did the Enterprise Zone benefits affect your decision to locate at this address? Yes ____ No ____

If yes, please explain how the Enterprise Zone benefits will assist your business. :

Number of existing employees: _____

If you are new to the Enterprise Zone, please provide the number of employees before relocating or locating in the Enterprise Zone: _____

If you were already located in the Enterprise Zone, please provide the number of employees **as of date of this application** in the Enterprise Zone: _____

Number of new full-time jobs **to be created** in the Enterprise Zone in the next 12 months: _____

Number of new part-time jobs **to be created** in the Enterprise Zone in the next 12 months: _____

I agree as a condition of certification to provide all data required by the Enterprise Zone Administrator as requested.

Name of Applicant: _____ Position/Title: _____

Signature: _____ Date: _____

Mail or send completed application to:

Jean Fabi, Enterprise Zone Administrator
Department of Economic and Tourism Development
425 Piney Narrows Road, Chester, MD 21619
Or via email to: Jean Fabi at jfabi@qac.org