

Warren County Empire Zone  
Empire Zone Certification Application  
Check Sheet

Business Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Officer: \_\_\_\_\_

\_\_\_\_\_ Attached EZ1 (Application for Joint Certification of an Empire Zone Enterprise)

\_\_\_\_\_ Cost/benefit analysis worksheet

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received by ZAB \_\_\_\_\_ Date Signed by Certification Officer \_\_\_\_\_

