



**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
PROJECT OCCUPANT APPLICATION**

This information is necessary to process a request for NJ EDA assistance. Fill in all the blanks, using "NONE" or "NOT APPLICABLE" where necessary. If more space is needed to answer any specific question, use a separate sheet. Return one original plus **four** copies of this application and one copy of the lease agreement to the New Jersey Economic Development Authority, Shipping: 36 West State St., Mailing: PO Box 990, Trenton, New Jersey 08625-0990.

Please note the most recent version of this application can be downloaded on line at [www.njeda.com/applications](http://www.njeda.com/applications)

**I. TO BE FILLED IN BY PROJECT APPLICANT** (proposed owner of the project)

Name of Project Applicant		Amount of EDA Financing	Application Number
Street Address of Project	Block / Lot	Municipality	County

**II. TO BE FILLED IN BY PROJECT OCCUPANT**

**A. Project Occupant Information**

Name of Project Occupant Applicant		Contact Person (officer/owner of Project Occupant)		
Street Address		Mailing Address		
City	State	Zip Code	Telephone Number	Telefax Number
Type of Business	Employer's I.D. Number	SIC No.*	NAICS No.*	Date of Application
Amount of Space to be leased by project occupant (square feet)		Percentage of total space leased		

*Number of permanent, full-time and part-time jobs by project occupant*

To be created full-time	part-time	To be maintained or relocated full-time	part-time	Existing jobs at time of application full-time	part-time
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Standard Industrial Classification and North American Industrial Classification System Numbers must be provided (see your IRS Return or consult your accountant).

**B. Project Occupant's Business Organization:** Corporation  Partnership  Sole Proprietorship  LLC  Not -f or-Profit  Other (describe): \_\_\_\_\_

Year company formed: \_\_\_\_\_ If incorporated, what year? \_\_\_\_\_ In what state chartered? \_\_\_\_\_

Is the Project Occupant a subsidiary or direct or indirect affiliate of any other organization?  Yes  No

If yes, indicate name and address, and employer identification number of related organization and relationship.

(Use separate page if needed and include as Exhibit IIB.)

<b>INTERNAL USE ONLY</b>	
Application No.	_____
Finance Officer	_____

**C. List 100% ownership including all officers, directors and partners of the Project Occupant. Also list all owners and stockholders of Project Occupant (complete all columns for each person). If the Project Occupant is a publicly-held corporation, please provide the latest 10-K and proxy statement indicating stock ownership. If Project Occupant is a 501(c)(3) Not-for-Profit organization, please list all officers and trustees of the Project Occupant.**  
 (Use separate page if needed and include as Exhibit IIC.)

Name (list first, middle & last) Home Address (incl. zip code)	Birth Date	Social Security Number	Office Held	Percent Ownership

**D. For each person or entity listed in items B and C above, please provide the names and business addresses of all other companies, partnerships, proprietorships, or business associations in which such person or entity holds 10% or more interest, stock, or ownership, and the percentage of such ownership. (Use separate page if needed and include as Exhibit IID.)**

**E. Have any of the persons or entities listed in items A, B, C, or D above:**

1. been, within the last five years, a party in litigation involving laws governing hours of labor, minimum wage standards, discrimination in wages or child labor?  
 yes  no
2. been, or is now, charged with, convicted of, under indictment, on parole, on probation or a plaintiff in, any criminal or civil offense other than a minor motor vehicle violation?  
 yes  no
3. been, or is now, subject to, or has pending, any disciplinary action by any administrative, governmental or regulatory body?  
 yes  no
4. been, or is now, subject to any order resulting from any criminal, civil or administrative proceedings brought against such persons or parties by any administrative, governmental, or regulatory agency?  
 yes  no
5. been, or is now, denied any license by any administrative, governmental or regulatory agency on the grounds of moral turpitude?  
 yes  no
6. been, or is now, informed of any current or on-going investigation with respect to possible violations by such persons or parties of state or federal securities, anti-trust or criminal laws?  
 yes  no

7. been, or is now, denied a business-related license or had it suspended or revoked by any administrative, governmental or regulatory agency?

yes  no

8. been, or is now, disbarred, suspended or disqualified from contracting with any federal, state or municipal agency?

yes  no

9. been, or is now, in receivership or adjudicated bankrupt?

yes  no

10. been, or is now, in default on a personal or business loan?

yes  no

If the answer is yes to any question in E above, furnish details on a separate page as Exhibit II E. Be sure to answer the questions correctly, they are important. The fact that you have an arrest or conviction record will not necessarily disqualify your application, but a deliberate incorrect answer will probably cause your application to be turned down. Any information you wish to submit that may expedite this investigation should be set forth in Exhibit II E

F. Has your company experienced a decrease in sales and employment because of imports of a like or similar product that your company produces?  yes  no

G. Does your company or any of its subsidiaries or affiliates export products or services outside the United States?

yes  no if yes, please complete question G1.

1. Provide the countries to which the products or services are exported.

H. 1. Name, address and telephone number of counsel to Project Occupant (not *bond counsel*):

2. Name, address and telephone number of Project Occupant's principal bank(s) of account and loan officer:

1. Please provide a brief description of project occupant's operation; i.e. the product manufactured, marketed, designed or distributed, and the principal use of the space to be occupied at this project site.

**III. EMPLOYMENT IMPACT: PERMANENT JOBS FOR PROJECT OCCUPANT**

Indicate below the number of people presently employed and the number that will be employed **at the project**, at the end of the second year after the project has been completed (do not include construction workers). All projections should be accurate, conservative and achievable since employment projections are part of the financing agreements with the NJEDA. The NJEDA requires periodic reports on employment during the term of the financing. **All figures should include full-time employees (working 35 or more hours per week) and part-time employees.**

Type of Employment	On Project Site at Present		Second Year after completion	
	full-time	part-time	full-time	part-time
Professional, Managerial, Technical				
Skilled, Semi-Skilled				
Unskilled				
<b>TOTALS</b>				

A. Job Descriptions: Provide a brief description of the specific occupational titles that correspond to the new jobs to be created as a result of the Authority financing, together with estimated annual wages to be paid for each title. Please be specific (i.e. 4 machine operators @ \$ 35,000 per year; 5 supervisory personnel @ \$40,000 per year etc.) (Use separate page if needed and include as Exhibit IIIA.)

B. Indicate the number of workers presently employed by the Project Occupant at other sites **in New Jersey**.

Employment Locations (city, county)	Number of Full-time Employees

C. Indicate if any employees currently at the locations noted in B above will lose their jobs as a result of the project.

yes    no

If yes, provide detailed information that would assist the NJEDA in determining that the proposed project will serve the public purpose despite the loss of employment. Describe any efforts planned to assist these workers in locating alternate employment.

D. Indicate if any employees will be relocated from any of the locations in B above to the project municipality as a result of the project.  yes  no If yes, please complete NJ EDA **Supplemental Information on Relocation Form**.

**IV. TAX-EXEMPT FINANCING (Only complete this section if Project Applicant is seeking tax-exempt bond financing)**

The following questions are intended solely to provide general information to the Authority. They do not constitute tax advice or tax due diligence. Project Occupants must consult with *bond counsel* with respect to all matters relating to tax-exempt financing.

A. List the amount of all tax-exempt bond financing previously arranged by or for the benefit of the Project Occupant anywhere in the United States and the current outstanding principal amount thereof.

B. CAPITAL EXPENDITURES IN PROJECT MUNICIPALITY (only complete this section if Project Applicant is seeking tax-exempt bond financing)

If the amount of Bond financing requested herein, together with any other outstanding tax-exempt bonds, exceeds \$1,000,000 and this is not an exempt facility or qualified 501 (C)(3) not-for-profit organization, the NJEDA must review the capital expenditures made by the Project Occupant, and any persons or entities related to the Project Occupant (such entities collectively, the principal users ) for the past three years. Please indicate below the total capital expenditures made by principal users relating to any assets (land, building, equipment, etc.) located in the project municipality (or anticipated to be located in, or transferred into, the project municipality) for the past three years whether or not such capital expenditures were related to this particular project. In this regard, capital expenditures, include, but are not limited to, amounts used to acquire or renovate land, building, equipment or other assets including amounts incurred in connection with capital leases.

(Check One)

The Project Applicant's application together with any outstanding tax-exempt bonds, involves \$ 1,000,000 or less in financial assistance, is an exempt facility or a qualified 501 (C) (3) not-for-profit organization.

The Project Applicant's application together with any outstanding tax-exempt bonds, involves more than \$1,000,000 in financial assistance. The total capital expenditures made by principal users relating to any assets (land, building, equipment, etc.) located in the project municipality (or anticipated to be located in, or transferred into, the project municipality) for the past three years whether or not such capital expenditures were related to this particular project are:

- 1. land \$ \_\_\_\_\_
- 2. building \$ \_\_\_\_\_
- 3. equipment \$ \_\_\_\_\_
- 4. machinery \$ \_\_\_\_\_
- 5. other assets \$ \_\_\_\_\_

**V. Attach a copy of the executed lease agreement, contingent upon NJEDA approval, with the project applicant (owner)**

**VI. CERTIFICATION OF APPLICATION**

PLEASE NOTE:

Eligibility for financial assistance and occupancy in a project financed by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments. Any changes in the status of the proposed project or any changes in the facts hereby presented by the Project Occupant could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the NJ EDA before taking any action which would change the status of the project as reported herein.

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CERTIFICATION: I hereby represent and certify that the foregoing information to the best of my knowledge is true and complete and accurately and fairly describes the proposed project occupant and its proposed use of the project facility.

The undersigned authorizes the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said search to the New Jersey Economic Development Authority.

SIGNATURE: \_\_\_\_\_  
**Officer/Owner** **Date**

NAME (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

Sworn and Subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

**THE GOVERNING BOARD OF DIRECTORS OF THE INDIVIDUAL PROGRAMS  
RESERVES THE RIGHT TO DETERMINE WHICH PROJECTS TO FINANCE AND TO  
AMEND THESE GUIDELINES AT ANY TIME.**