



KIZ Company Eligibility Application

Please complete this questionnaire in its entirety, sign, and return to the Williamsport/Lycoming KIZ; IMC, Inc;
One College Ave. DIF 32; Williamsport, PA 17701.

1) Company Name: _____

2) Company EIN: _____

3) What date was your business incorporated? _____

4) Business Address:

5) When did you locate, or when do you intend to locate, at this Business Address?

6) In which of our designated Zones are you located? (Check which one applies)

- Center for Business & Workforce Development
- Central Business District + Main Street District
- Liberty Mutual Building, Sycamore Road
- Reach Road
- Trimtex Complex, Park Avenue

7) Please describe the nature of your business.

8) In which industry sector(s) of the Williamsport/Lycoming KIZ do you operate? (Check all that apply)

- Diversified Manufacturing
- Plastics
- Wood Products
- Information Technology

Williamsport/Lycoming KIZ Eligibility Questionnaire (Continued)

9) What SIC/NAICS code you would categorize your business to be in?

(<http://www.census.gov/epcd/www/naics.html>)

NAICS Code: _____

NAICS Description: _____

10) What is your DUNS number? _____

(Available through Dun & Bradstreet – <http://www.dnb.com> - free if you apply and then wait for 30 days)

11) Do you have any patents, trademarks, copyrights or trade secrets, or intend to apply for any intellectual property protection?

12) Why do you feel that your business is innovative/new/unique?

13) What is your employment goal for this business?

14) Contact name and info for this business:

Name: _____

Title: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

By signing this document, I approve this information and agree to meet all requirements of the KIZ program. This currently includes, but is not limited to, semi-annual KIZ state reporting requirements, project updates and IMC reporting requirements, and acquisition of a DUNS number. By not meeting requirements I understand that I may lose my KIZ qualification and access to programs such as, but not limited to, the KIZ Tax Credit Program.

Company Representative Signature

Name _____

Title _____

Signature _____

Date _____