



**ECONOMIC RECOVERY BOARD
FOR CAMDEN**

APPLICATION FOR

BUSINESS IMPROVEMENT INCENTIVE

AND

BUSINESS LEASE INCENTIVE

June 2012

The Economic Recovery Board for Camden (“ERB”) is a subsidiary of the New Jersey Economic Development Authority. For further information on the ERB, visit our website at www.CamdenERB.com.

For assistance in completing this application, please contact the EDA, Business Banking Division, 609-858-6706. See also the accompanying Economic Recovery Board Guide to Program Funds.

**ERB
APPLICATION**

I. SUBMISSION DIRECTIONS:

- *Please provide all information requested in the application and sign and date as requested.*
- *Fill in all the blanks, using “None” or “Not Applicable” where necessary.*
- *If more space is needed to answer any specific question, attach a separate sheet.*
- *All attachments/exhibits should be appended **at the end** of this application.*
- **Please Note:**
 - i. The Administrative Fee for the Business Improvement Incentive is \$100.
 - ii. The Annual Administrative Fee for the Business Lease Incentive is 1% of the Annual Lease Incentive

INTERNAL USE ONLY

Application No. _____
Application Date _____
Finance Officer _____

Please submit:

- A. One (1) copy of the Application Form, and one (1) copy of any exhibits as available or required.
- B. A non-refundable application fee of \$500 (for profit organization) or \$250 (nonprofit organization) **made payable to the NJEDA.** (*Please reference “Camden ERB” on checks*). All requested application materials must be submitted. NJEDA reserves the right to decline any application package for incomplete submission.
- C: A fully executed Tax Clearance Application with appropriate fee. Effective March 1, 2009, a fee will be imposed for all Applications for Tax Clearance – Business Assistance and Incentives. The application fee is \$75.00 for standard processing. An expedited service (response within three (3) business days) is available for \$200.00. The fee is non-refundable and will cover updates, if needed for this application, for up to one year. Payment must be made by check or money order payable to the “New Jersey Division of Taxation”.
- D. **Please Mail To:**
 New Jersey Economic Development Authority
 PO Box 990
 Trenton, New Jersey 08625- 0990
 Attn: Camden ERB, Vivian Pepe

II. APPLICANT INFORMATION *(proposed owner of the project)*

A. Organization Name:

 Primary Business Address:

 Project Contact Person and Title:

 Telephone: Fax:

 Email Address: Tax Identification Number:

1. List 100% ownership including all officers, directors and partners of the applicant. Also list all owners and stockholders of applicant and, if applicable, any individuals/entities guaranteeing the loan (complete all columns for each person). If the applicant is a publicly held corporation, please provide the latest 10-K and proxy statement indicating stock ownership. If applicant is 501 (c) (3) nonprofit organization, please list all officers and trustees of the applicant. (Use a separate page if needed)

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

2. For each person or entity listed in item 1 above, please provide the names and business addresses of all other companies, partnerships, proprietorships, or business associations in such person or entity holds 10% or more interest, stock or ownership, and the percentage of such ownership. (Uses separate page if needed)

B. SIC Code _____ NAICS Code _____

C. Name, address and telephone number of counsel to applicant (not bond counsel):

D. Name, address and telephone number of applicant's principal bank(s) account and loan officer:

E. Name, address and telephone number of accountant to applicant:

F. Name, address and telephone number of financial consultant/financial advisor to applicant:

G. Federal, State and Municipal Tax Payments.

For the applicant, affiliated entities and each owner of the applicant:

1. Are federal/state employee withholding tax payments current?
____ yes ____ no If no, please explain and attach separate sheet if needed.

2. Are sales and other business tax payments current?
____ yes ____ no If no, please explain and attach separate sheet if needed.

3. Are corporate/personal federal and state income tax payments current?
____ yes ____ no If no, please explain and attach separate sheet if needed.

4. Are municipal property tax payments current at the project site?
____ yes ____ no If no, please explain and attach separate sheet if needed.

5. Applicant's Business Organization: Corporation ____ Partnership ____
Sole Proprietorship ____ LLC ____ Nonprofit ____ Other (describe) _____

Year Company Formed: _____ If incorporated, what year? _____

In what state chartered? _____

6. If a tax-exempt organization, have you finalized agreements with the Camden Redevelopment Agency regarding PILOT or service charge requirements as described in Section 53 of the Act? ___ Yes ___ No
Briefly explain the status of these discussions.
-

7. Is the applicant 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.
-

III. FUNDS REQUESTED

- A. Type of Incentive Requested:
_____ Business Improvement Incentive
_____ Business Lease Incentive

- B. Total amount of Incentive Requested: _____
Please note: The ERB will confirm the type of incentive and the amount of the incentive the application is eligible for based on the ERB's Guide to Program Funds. Please see the accompanying Guide for funding requirements.

- C. For what use?
_____ Office/High Tech _____ Industrial
_____ Retail _____ Cultural/Recreational/Educational
_____ Other

IV. STRATEGIC REVITALIZATION PLAN CRITERIA

- A. Provide brief description of the Project: (*please include the scope of the project, land uses, owner, tenants, neighborhood/area context, beneficiaries, etc. Attach additional sheets if necessary.*)

B. Briefly describe how the project contributes to the revitalization of Camden and advances the goals of the Strategic Revitalization Plan (job creation for neighborhood residents and neighborhood revitalization). Include how this project may catalyze economic redevelopment of the surrounding area.

C. Is the project consistent with the City’s Master Plan, neighborhood or redevelopment area plans? ___ Yes ___ No
Please Explain.

D. Employment Impact.

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 due diligence review for the requested incentive.

Type of Employment	On Project Site at Present		New Jobs Created by Second Year After Completion		Total	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Professional, Managerial, Technical						
Skilled, Semi-Skilled						
Unskilled						
TOTALS						

1. 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 ERB incentive, together with estimated annual wages to be paid for each title. Please be specific (i.e. 4 machine operators @ \$35,000 per year) and use separate page if needed.

V. PROJECT INFORMATION

A. Location of Proposed Project

Street address _____

Block(s) _____ Lots(s) _____

Section/Neighborhood _____

If unknown, please contact the Camden Redevelopment Agency at 856-757-7600.

Is the project site located in the:

New Jersey Urban Enterprise Zone? ___ Yes ___ No

Federal Empowerment Zone? ___ Yes ___ No

Is the project site a designated Brownfields Redevelopment site? ___ Yes ___ No

B. Is or will the project facility be occupied and used by any party other than the proposed applicant? ___ Yes ___ No

If yes, please list occupants.

C. Project Site

1. Indicate approximate size (in acres or square feet of land): _____

2. Are there buildings now on the project site? ___ Yes ___ No

If yes, indicate number and approximate size in square feet of building:

3. Indicate the present use of the project site:

4. Indicate the present owner of the project site.

Name: _____ Contact Person: _____

Business Street Address:

City/State/Zip: _____ Telephone: _____

5. If the applicant is not now the present owner of the site, does the applicant have an option to purchase the Project site? ___ Yes ___ No If yes please indicate:

- a. date the option was signed with the owner _____
- b. the purchase price of the project site _____
- c. the expiration date of option or contract _____
- d. Please attach executed copy of the **option agreement or contract**.

6. If the applicant is not now the owner of the project, does the applicant now lease the project site or any buildings on the site? ___ Yes ___ No If yes, please attach **an executed copy of the lease**.

7. If applying for the **Business Improvement Incentive**, please identify the General Contractor.

General Contractor Firm Name: _____
Address: _____
Contact Person and Title: _____
Telephone: _____
Fax: _____
Email Address: _____

E. Describe all approvals received and anticipated for this project.
(Please attach copies of all permits received to date.)

- | | | |
|-------------------------|-----------------------|---------------------|
| 1. Site Plan Approval | Anticipated (Y/N) ___ | Received (Y/N)_____ |
| 2. Construction Permits | Anticipated (Y/N) ___ | Received (Y/N)_____ |
| 3. Historic Review | Anticipated (Y/N) ___ | Received (Y/N)_____ |

F. Does the Project have neighborhood and community support?
_____ Yes _____ No

Please explain.

G. Are other financing commitments in place?
_____ Yes _____ No

(If Yes, please attach copies of commitment letters and contact information.)

Please indicate which other governmental agencies you have applied to for assistance and provide contact person and phone number.

Agency Name: _____
Contact Person and Title: _____
Telephone: _____ Email Address: _____

Agency Name: _____
Contact Person and Title: _____
Telephone: _____ Email Address: _____

H. If retail/office space is envisioned, do you have tenants that have committed to leasing space at the subject site?
_____ Yes _____ No

(If Yes, list all for which you have executed leases.)

Tenant 1 Name _____
Address _____
Contact Person and Title _____
Telephone _____

Tenant 2 Name _____
Address _____
Contact Person and Title _____
Telephone _____

I. Please complete the following project cost budget if applying for the **Business Improvement Incentive**.

Item	Amount
Renovation of Existing Building	\$
Acquisition of Equipment & Machinery	
Renovation of Existing (used) Equipment & Machinery	
Engineering & Architectural Fees	
Finance Fees	
Accounting Fees	
Legal Fees	
Interest During Construction	
Contingency	
Other (specify)	
TOTAL PROJECT COSTS	\$

SOURCE OF FUNDS	
Funding Agency	Amount
	\$
TOTAL PROJECT COSTS	\$

VI. EXHIBITS:

The following information must be provided:

- A. Please attach a detailed description of your business and a description of the project including the time schedule of the project and the creation of jobs. Include By-Laws, Articles of Incorporation, corporate governance information about the ownership and management of the business and 501 (c) 3 status if applicable.
- B. Please attach the annual tax returns and financial statements for the two most current fiscal years. If the fiscal statement is more than three months old, also provide the most recent quarterly financial statement. For applicants that are subsidiary corporations, include parent company financial statements.
- C. Please attach a specific statement on the role the **Business Improvement Incentive** or the **Business Lease Incentive** will play in the business decision to improve, expand or relocate in Camden, New Jersey.
- D. Please attach a copy of the lease, deed, or contract of sale for the project site.
- E. Please attach a copy of all financing commitments from funding sources.
- F. Please attach a copy of the detailed breakdown of all development and include copies of the contractor estimates and permits.
- G. Please attach a certification stating the amount, date received and provider of any grant received by municipal, county and state agencies.
- H. Please attach a certification on the use of the incentive payment.

VII. CERTIFICATION OF APPLICATION

Please note:

Eligibility of financial assistance by the Economic Recovery Board is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Please contact the staff of the EDA before taking any action that would change the status of the project as reported herein.

The NJEDA reserves the right to disapprove any application for circumstances that its representatives may find unsatisfactory related to the conditions listed below. In the event that any of the conditions exist, a full description of the circumstances must be provided.

- neither the applicant nor the officers, directors, partners, owners or stock holders of 30% or greater ownership have 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;
- have been, or are now, charged with, convicted of, under indictment, on parole, on probation or a party in, any criminal or civil offense other than a minor motor vehicle violation;
- have been or are now subject to or have pending any order resulting from any criminal, civil or administrative proceedings brought against such persons or parties by any administrative, governmental or regulatory agency;
- have been or are now informed of any current or ongoing investigation with respect to possible violations by such persons or parties of state or federal securities, anti-trust or criminal laws;
- have been or are now denied a business-related license or had it suspended or revoked by any administrative, governmental or regulatory agency;
- have been or are now disbarred, suspended or disqualified from contracting with any federal, state or municipal agency;
- are not current in their payment of the following taxes: all federal and state employee withholding tax payments, sales and other business tax payments, corporate and personal federal and state income tax payments and municipal property taxes at the property.

I, the undersigned, being duly sworn upon my oath say:

1. I affirm, represent and warrant that the information contained in this application and in all attachments submitted herewith is to the best of my knowledge true and complete.
2. I understand that if such information is willfully false, I am subject to criminal prosecution under NJSA 2C:28-2 and civil action by the NJEDA which may at its option terminate its incentive/financial assistance.
3. I authorize the NJ Dept. 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 research to the NJEDA.
4. I authorize the NJEDA to obtain such information including but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and or investors.
5. I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or governmental entity that might participate in the requested incentive/financing with the NJEDA.

Signature: _____

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. Applications are considered public records and will be available to the public for inspection.