



# NASSAU COUNTY OFFICE OF ECONOMIC DEVELOPMENT BUSINESS DEVELOPMENT UNIT

## EZ-1 APPLICATION SUPPLEMENT #1 NASSAU COUNTY EMPIRE ZONE PROGRAMS

*PLEASE COMPLETE AND FAX, EMAIL OR MAIL ALONG WITH THE EZ-1 APPLICATION DRAFT TO:  
EVETTE BECKETT-TUGGLE—EXECUTIVE DIRECTOR/NASSAU COUNTY EMPIRE ZONE COORDINATOR  
1550 FRANKLIN AVENUE—ROOM 235  
MINEOLA, NY 11501  
516-571-1948 516-571-1052 (FAX)*

**MUST BE COMPLETED IN INK OR TYPED FONT**

1) NAME OF COMPANY:	2) TYPE OF BUSINESS (OPERATION):	3) FORM OF BUSINESS:
4) COMPANY CONTACT/TITLE: CONTACT DIRECT PHONE LINE:		
5) COMPANY ADDRESS IN THE ZONE:	6) PHONE: FAX: EMAIL:	
7) SECTION:  BLOCK:  LOT:	8) CURRENT BUILDING SIZE—(SQ.FT. & ACRE-AGE):	9) <b>Check one:</b> BUILDING RENOVATION <input type="checkbox"/> BUILDING PURCHASE <input type="checkbox"/> a.) Building Size: _____
COMPANY HISTORY & PROJECT DESCRIPTION: (Please include a brief history of the company, an explanation of what the project involves in terms of type of goods or services that will be provided [multiplier effect if any], and a general breakdown of the types of jobs that will be created, <u>at the proposed location/address.</u> ) <b>Note: Letter should be addressed to the Empire Zone Coordinator and written on company letterhead</b>		
10) ARE YOU APPLYING FOR IDA FINANCIAL BENEFITS OR A SMALL BUSINESS LOAN?  <b>IDA</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>LOAN</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	11) EMPLOYEE BENEFITS (CHECK BENEFITS PROVIDED) a) HEALTH <input type="checkbox"/> CONTRIBUTOR EMPLOYER % _____ b) DENTAL <input type="checkbox"/> CONTRIBUTOR EMPLOYER % _____ c) VISION <input type="checkbox"/> CONTRIBUTOR EMPLOYER % _____ d) 401(k) <input type="checkbox"/> CONTRIBUTOR EMPLOYER % _____ e) OTHER <input type="checkbox"/> (LIST) _____	
12) TOTAL PROJECTED INVESTMENTS OVER THE NEXT FIVE YEARS IN THIS ZONE ONLY:		
BUSINESS ACQUISITION:	\$ _____	RENOVATION \$ _____
NEW CONSTRUCTION:	\$ _____	PRODUCTION EQUIPMENT \$ _____
LAND AND/OR BUILDING ACQUISITION:	\$ _____	OFFICE EQUIPMENT \$ _____
OTHER (EXPLAIN):	\$ _____	TOTAL: \$ _____
13) PROJECTED WORKFORCE DATA (NEXT 5 Years): <span style="float: right;">(*exclude any officers of the company)</span>  PLEASE USE THE WORKFORCE DATA SHEET		

13)

**\* Examples, to be used as a guide in filling out the worksheet**

Category	Title / Position	Hourly Salary W/o Benefits	Hourly Salary with Benefits	Hours/ per wk	Gross Amt Earned per/wk with Benefits	Yearly Gross (52 Weeks)
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<b>Management</b>	<i>Operations Manager</i>	\$35.00	\$50.00	40	\$2,000.00	\$104,000.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00

<b>Clerical/Admin</b>	<i>Administrative Assistant</i>	\$20.00	\$30.00	35	\$1,050.00	\$54,600.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00

<b>Skilled Labor</b>	<i>Machine Operator</i>	\$17.50	\$25.00	40	\$1,000.00	\$52,000.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00

<b>Unskilled Labor</b>	<i>Packager</i>	\$9.50	\$13.50	25	\$337.50	\$17,550.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00
					\$0.00	\$0.00

**Note: Living wage policy for the Nassau County Empire Zone is 140% or more of minimum wage (equivalent of ≥\$10.01/hr)**

**\*Please include all Employees on payroll (FT & PT)**

**\*Any employee who works less than 35 hr/wk is considered PT.**

**\*(exclude any officers of the company)**

THOMAS R. SUOZZI  
COUNTY EXECUTIVE



PATRICK G. DUGGAN  
DEPUTY COUNTY EXECUTIVE  
ECONOMIC DEVELOPMENT

EVETTE BECKETT-TUGGLE  
EXECUTIVE DIRECTOR  
BUSINESS DEVELOPMENT UNIT

**NASSAU COUNTY OFFICE OF ECONOMIC DEVELOPMENT  
BUSINESS DEVELOPMENT UNIT  
1550 FRANKLIN AVENUE—ROOM 235  
MINEOLA, NEW YORK 11501  
(516) 571-1946**

The Nassau County Empire Zone, as a condition of certification will require each business certified in the Empire Zone to:

- List all job openings with the NYS Dept. of Labor ([www.labor.state.ny.us](http://www.labor.state.ny.us)) in addition to Hempstead-Works ([www.hempsteadworks.com](http://www.hempsteadworks.com)) for businesses located in the Town of Hempstead.
- Annually complete in entirety the Nassau County Empire Zones Business Annual Report Supplemental Form which requests specific information about the addresses and zip code of employees hired during the previous calendar year.

The Nassau County Empire Zone Administrative Board may deny certification to any business that will not commit to this program.

I agree to comply with the Nassau County Empire Zone's procedure as outlined above as a condition of my Zone Certification.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Date**