



# ENTERPRISE ZONE QUALIFICATION APPLICATION Town of Berlin, Maryland

## Business Applying for Enterprise Zone Benefits

Name of Firm: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Property Information

Address of Property for which Enterprise Benefits are sought:

\_\_\_\_\_  
\_\_\_\_\_

Property Tax Map # \_\_\_\_\_ Property Tax Parcel

Property Tax Number (10 digit) \_\_\_\_\_

Name of Property Owner (if different from above): \_\_\_\_\_

Address of Property Owner or different from above):

Approximate Size of Property: \_\_\_\_\_ Acres

Approximate Size of Existing Building: \_\_\_\_\_ Square Feet

## Information on Applicant Business

Is Company currently located in the Enterprise Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, since what year?

Is Company relocating from another place? Yes \_\_\_\_\_ No \_\_\_\_\_

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If yes, where was the previous location?

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Is Company a new, start-up business? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Company locations of any): \_\_\_\_\_

Describe the Company's primary and secondary products or services that are, or will be, produced at the facility in the Enterprise Zone:

### Project being Proposed for Enterprise Zone Benefits

Proposed Project is (check one or both): New Construction: \_\_\_\_\_ Rehabilitation: \_\_\_\_\_

Project starting date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Project Costs and Description: \_\_\_\_\_

Land Acquisition: Acres: \_\_\_\_\_ Cost to Acquire: \_\_\_\_\_

New Construction: Square Feet: \_\_\_\_\_ Cost to Construct: \_\_\_\_\_

Machinery and Equipment (for informational purposes only) Description:

**Employment Impact:**

Current Number of Employees in the proposed zone:

Total: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

New Jobs to be created in the proposed zone:

Total: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Hourly Wage for typical new job (without benefits): \_\_\_\_\_ per hour

Additional costs of benefits provided (per each new employee): \_\_\_\_\_

**Signatures**

Signature of individual completing this form: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Submission Instructions**

Submit completed application to: Enterprise Zone Administrator  
Town of Berlin, Maryland  
14 S. Main Street  
Berlin, MD 21811  
[iwells@berlinmd.gov](mailto:iwells@berlinmd.gov)  
410-629-1722