



State of New York
Empire Zones Program
APPLICATION FOR CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE
TO BE COMPLETED BY THE ZONE
EZ-2 Supplemental Form

Name of Organization: _____ **Applicant ID #** __-____-____

Use the table below if there is more than one location for which the business applicant is seeking certification.

CENSUS TRACT

Address	Date Location Placed In Zone	Eligible	Contiguous To Eligible	Other

NOTE: Indicate the census tract number(s) within which the addresses are located. Indicate, based on 2000 census data, whether the census tract is an eligible tract pursuant to GML § 958 (a) or (d), whether the census tract is contiguous to an eligible tract. A census tract that is neither eligible nor contiguous to an eligible tract is considered to be “Other”.