



**NEW YORK CITY DEPARTMENT OF FINANCE
RELOCATION AND EMPLOYMENT
ASSISTANCE PROGRAM (REAP-ADD)**

DATE
STAMP

APPLICATION FOR CERTIFICATE OF ELIGIBILITY OF DESIGNATED ADDITIONAL OR REPLACEMENT PREMISES FOR UNINCORPORATED BUSINESS TAX, GENERAL CORPORATION TAX, BUSINESS CORPORATION TAX, BANKING CORPORATION TAX, OR UTILITY TAX

Premises cannot be certified as additional or replacement premises if you maintained employment shares there prior to this application for certification.

SECTION A: APPLICANT INFORMATION

APPLICANT'S COMPANY NAME:	SOCIAL SECURITY NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR EMPLOYER IDENTIFICATION NUMBER: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CONTACT PERSON:	
ADDRESS:	
CITY/STATE: ZIP CODE:	
MAIN BUSINESS ACTIVITY:	TELEPHONE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION B: CURRENT REAP PREMISES

Are you currently receiving REAP benefits at one or more business locations within the eligible REAP area? YES NO

If "YES," complete the following schedule for the location(s), and attach copies of your REAP Certification Form(s).

STREET ADDRESS	CITY AND STATE	NATURE OF ACTIVITIES	NUMBER OF EMPLOYEES	DATES AT LOCATION

SECTION C: INFORMATION ON ADDITIONAL OR REPLACEMENT PREMISES

You may complete and submit this application for an anticipated move, even if all the requested information is not yet available. If your current eligible premises are within a revitalization area, your additional or replacement premises must also be in a revitalization area. A revitalization area is defined as any district in the city zoned C4, C5, C6, M1, M2, or M3, except the area that is south of 96th Street in Manhattan. Premises cannot be certified as additional or replacement premises if you maintained employment shares there prior to this application for certification.

1. Do you intend to move to premises within the eligible REAP area? YES NO

If "YES," provide (a) the borough, block and lot number, the address of the premises you intend to move to, and submit *one* of the following: a copy of the lease for the premises, a copy of the contract to purchase the premises, or a copy of the deed if you own the premises; AND (b) a brief description of the business operations that will be moved.

a. BOROUGH:	BLOCK:	LOT:
ADDRESS:		
b. DESCRIPTION OF BUSINESS OPERATIONS THAT WILL BE MOVED:		

2. a. Do you own the premises to which you plan to move, or if you will lease the premises, does the term of the lease extend to a date at least three years after the relocation date and the lease commencement date? YES NO

b. Were expenditures in excess of \$25 per square foot made for improvements to the premises, on or after July 1, 2003? If not, do you intend that such expenditures will be made? YES NO

IF YOU ANSWERED "YES" TO 2a AND 2b, DO NOT COMPLETE QUESTION 3.

IF YOU ANSWERED "NO" TO ANY PART OF QUESTION 2, YOU MUST COMPLETE QUESTION 3.

3. a. Do the premises to which you are moving fit any of the following five categories?

(1) Premises are wholly contained in real property that is eligible to receive benefits under the City's Industrial and Commercial Incentive Program (ICIP)? YES NO
If YES, submit a copy of the lease and the ICIP Preliminary Certificate of Eligibility.

(2) Premises are wholly contained or situated on real property that has been leased from the NYC Industrial Development Agency? YES NO
If YES, submit a copy of the lease.

(3) Premises are wholly contained in or situated on real property that is owned by the City of New York? YES NO
If YES, submit a copy of the lease.

(4) Premises are wholly contained or situated in real property that is owned by the Port Authority or the New York State Urban Development Corporation or a subsidiary thereof? YES NO
If YES, submit a copy of the lease.

(5) Premises are wholly contained in or situated in real property that would be eligible to receive benefits pursuant to the City's ICIP Program, except that such property is exempt from real property taxation? YES NO
If YES, submit a copy of the lease and the ICIP Preliminary Certificate of Eligibility.

SECTION C: INFORMATION ON ADDITIONAL OR REPLACEMENT PREMISES - Continued

3. b. (1) Have the premises to which you are moving been improved by construction or renovation? YES NO
- (2) Answer only if you answered "YES" to Question 3a: (2)
Was such construction or renovation made with the approval of the NYC Industrial Development Agency? YES NO
- (3) Answer only if you answered "YES" to Question 3a: (3)
Was such construction or renovation made with the approval of your lease in accordance with the NYC Charter? YES NO
- c. (1) Have there been expenditures for improvements to the real property in which your new premises will be located that were in excess of 50% (or, in the case of industrial property, in excess of 25%) of the property's assessed value, or the tax year in which the improvements began?..... YES NO
- (2) If you answered "YES" to 3c: (1), were these expenditures made within 36 months of the commencement of the work, or, if the expenditures are in excess of \$50 million, were they made within 72 months of the commencement of the work?..... YES NO

IF YOU ANSWERED "YES" TO QUESTION 3b AND/OR 3c, DESCRIBE AND DOCUMENT THE CONSTRUCTION OR RENOVATION WORK PERFORMED AND IMPROVEMENT MADE TO THE REAL PROPERTY BY ATTACHING A SEPARATE PAGE TO THIS APPLICATION.

SECTION D: REAP-ADD CERTIFICATION

I hereby certify that the information furnished with or in this application is, to the best of my knowledge and belief, true, correct and complete.

Print Name and Title of Applicant, Partner or Corporate Officer

Signature

Date

**MAIL TO:
NYC DEPARTMENT OF FINANCE
BUSINESS AND EXCISE TAX REFUND UNIT - REAP GROUP
59 MAIDEN LANE, 20TH FLOOR, NEW YORK, NY 10038**