For Zone Use Only
ID # _____

State of New York
Empire Zones Program
APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE
EZ-1 Supplemental Form

This form is to be used **only** if applicant cannot fit all requested information on the Application for Joint Certification of an Empire Zone Business Enterprise (EZ-1). Any information provided on this form should be identified by the section and question number on form (EZ-1) to which it refers.

Name of Organization _____

Section No. _____

Question No. _____

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Section No. _____

Question No. _____

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