



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

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HAWAII ENTERPRISE ZONES (EZ) PARTNERSHIP PROGRAM RENEWAL APPLICATION INSTRUCTIONS

Businesses engaged in agricultural production or processing and/or manufacturing of tangible personal property that have completed their initial 7-years in the EZ Program are eligible to extend their EZ participation for an additional three years. Eligibility for EZ tax and other benefits will begin when this application is approved. However, approval of this application does not guarantee that your business will qualify for all EZ benefits every year. At the end of each tax year, an End-Of-Year report form (*EZ-2 form*) is required to be submitted to determine if your business has satisfied the annual gross receipts and/or hiring requirements. Please contact our office if you would like the required number of employees provided to you prior to your applying.

The three-year extension means 36 consecutive months. For companies that have not yet completed their initial seven years in the EZ program, they may continue their participation in the program for an additional three years giving these businesses a total of ten consecutive years of eligibility for EZ tax benefits. For companies that had previously exhausted their seven years of eligibility, the three-year extension shall begin July 1, 2009, the effective date of Act 174 SLH 2009 (the law which authorized the extension), and shall end June 30, 2012.

The State benefits upon certification include:

- 1) **100% exemption from General Excise Tax** on eligible revenues (exception-GMO Ag retail).
- 2) A **20% State non-refundable income tax credit** for each of the three years.
- 3) An additional State non-refundable **income tax credit equal to 20% of Unemployment Insurance premiums** for each of the three years.

County benefits include (certification is not required for these benefits):

City and County of Honolulu: A two-year exemption from any increase in property taxes resulting from new construction; a waiver of building and grading permit fees.

County of Hawaii: A three-year exemption from any increase in property taxes resulting from new construction.

County of Kauai: Priority business permit processing.

County of Maui: A waiver of business permit fees.

This application has two parts:

Section I, Background Data, will be used to ensure that your information is up-to-date and to verify that your business is eligible for this extension.

Section II, Declaration, must be signed by a person authorized to act on behalf of the business. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

When completed, make a copy of the application for your own records and submit the original to your County EZ coordinator using the contact information provided on the back of this page. After County approval, the application will be forwarded to the State EZ Coordinator for final approval.

HAWAII STATE AND COUNTY ENTERPRISE ZONES COORDINATORS

CONTACT INFORMATION

State of Hawaii
Department of Business, Economic Development & Tourism
P.O. Box 2359
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County of Kauai
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County of Maui
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Economic Development Coordinator
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APPLICATION FOR 3-YEAR EXTENSION FOR FARMERS & MANUFACTURERS

I. BACKGROUND DATA

A. Application date _____
Note: For companies that had previously exhausted their seven years of eligibility, the three-year extension shall begin July 1, 2009, the effective date of Act 174 SLH 2009 (the law which authorized the extension), and shall end June 30, 2012. For companies that have not yet completed their initial seven years in the EZ program, they may continue their participation in the program for an additional three years giving these businesses a total of ten consecutive years of eligibility for EZ tax benefits.

B. Business Name (used for tax purposes)

C. Business Name (used for tax purposes)

D. 1) Enterprise Zone Establishment Address(es)

2) Mailing Address (if different from above)

E. NAICS number(s) _____

Contact Person: _____ Title: _____
Telephone: _____ Fax: _____
Email: _____

F. Trade or Business (activities at EZ establishment). Please check all that apply.

<input type="checkbox"/> Agricultural production or processing	<input type="checkbox"/> Medical research, clinical trials, and telemedicine
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> International business management training or environmental remediation technician training

Trade or Business activities continued.

Please check all that apply.

<input type="checkbox"/> Wholesaling	<input type="checkbox"/> Biotechnology research, development, production or sales
<input type="checkbox"/> Aviation and /or Maritime repair and/or maintenance	<input type="checkbox"/> Repair or maintenance of assistive technology equipment used by disabled persons
<input type="checkbox"/> Telecommunication switching and delivery	<input type="checkbox"/> Certain types of call centers (bill collection, disease management, disaster management, product fulfillment, and/or customer support for computer hardware or software manufacturers)
<input type="checkbox"/> Information technology design and production	<input type="checkbox"/> Wind energy production

Description of the product(s) or service(s) provided by EZ Establishment

G. Current Number of Full-Time Employees at EZ Establishment _____

II. DECLARATION

I, the undersigned representative of the business firm for which this Application is being submitted, declare that this Application has been examined by me and is, to the best of my knowledge, an accurate statement.

NAME OF APPLICANT (PLEASE PRINT): _____

Signature of Applicant: _____

Applicant's Title or Position: _____

Applicant's Taxpayer Identification or Social Security Number: _____

COUNTY: APPROVED _____ DISAPPROVED _____ DATE _____
DBEDT: APPROVED _____ DISAPPROVED _____ DATE _____

QUESTIONS? Please call the State Enterprise Zones Office (808) 587-2772, or the County Enterprise Zone Coordinators at the numbers listed on Page 2 of this application form.