



## DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

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### HAWAII ENTERPRISE ZONES (EZ) PARTNERSHIP INITIAL APPLICATION FOR BUSINESSES

A business interested in participating in the Hawaii EZ Program first must complete this initial application (form EZ1). Your 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 EZ benefits each year. At the end of each tax year, a report form will be provided to you for submission of the information necessary to determine if your business has satisfied the annual gross receipts and hiring requirements. The information you provide is considered proprietary and confidential in the same way that your tax returns are confidential.

This application has three parts:

- I. **Background Data**
- II. **Tax and Employment Information**
- III. **Declaration**

**Section I, Background Data**, will be used to verify that your business is eligible for EZ benefits and that your business is actually located in an EZ. This information will also be used to monitor the types of businesses that participate in the EZ program so the overall value of the program can be measured.

**Section II, Tax and Employment Information**, will be used to verify the value of the state tax benefits you claim and the number of employees you report. This information will also be used to monitor the financial impact of the EZ incentives on both the tax liability of participating businesses as well as on state tax revenues (relative to the number of persons hired and the unemployment rate in each EZ) in order to determine the cost-effectiveness of the program.

**Section III, 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 send or take the original to your County EZ coordinator at the address listed on the back of this page. After verifying that your business is or will be located in an Enterprise Zone, your County EZ Coordinator will forward your application to the State EZ Coordinator who will determine if your business is eligible to participate.

**QUESTIONS? You can call the State Enterprise Zones Coordinator at (808) 587-2772, or the County Enterprise Zone Coordinators at the numbers listed on the following page.**

## **HAWAII STATE AND COUNTY ENTERPRISE ZONES COORDINATORS CONTACT INFORMATION**

State of Hawaii                      Department of Business, Economic Development & Tourism  
P.O. Box 2359  
Honolulu, Hawaii 96804

Wayne Thom  
Phone: (808)587-2772                      Fax: (808)586-2589  
Email: [wthom@dbedt.hawaii.gov](mailto:wthom@dbedt.hawaii.gov)

Marlene Hiraoka  
Phone: (808)587-2758                      Fax: (808)586-2589  
Email: [mhiraoka@dbedt.hawaii.gov](mailto:mhiraoka@dbedt.hawaii.gov)

County of Hawaii                      Jane Horike  
Department of Research and Development  
County of Hawaii  
25 Aupuni Street, Room 1301  
Hilo, Hawaii 96720  
Phone: (808) 961-8496                      Fax: (808)935-1205  
Email: [jhorike@co.hawaii.hi.us](mailto:jhorike@co.hawaii.hi.us)

County of Kauai                      George Costa, Director  
Office of Economic Development  
County of Kauai  
4444 Rice Street, Suite 200  
Lihue, Hawaii 96766  
Phone: (808)241-4949                      Fax: (808)241-6399  
Email: [gcosta@kauai.gov](mailto:gcosta@kauai.gov)

County of Maui                      Teena Rasmussen  
Economic Development Coordinator  
County of Maui  
2200 Main Street, Suite 305  
Wailuku-Maui, Hawaii 96793  
Phone: (808)270-7710                      Fax: (808)270-7995  
Email: [teena.rasmussen@co.maui.hi.us](mailto:teena.rasmussen@co.maui.hi.us)

City & County  
of Honolulu                      Pablo Venenciano  
Planner  
Office of Special Projects  
Department of Community Services  
City & County of Honolulu  
715 South King Street, Suite 311  
Honolulu, Hawaii 96813  
Phone: (808)768-5861                      Fax: (808)768-1249  
Email: [pvenenciano@honolulu.gov](mailto:pvenenciano@honolulu.gov)

**I. BACKGROUND DATA**

A. Application date \_\_\_\_\_

B. Business Name (used for tax purposes)

\_\_\_\_\_

C. Type of Business (check one)

- C-Corporation
- S-Corporation
- Limited Liability Corporation (LLC)
- Sole Proprietorship
- Partnership

D. Date Business Was Established \_\_\_\_\_

E. Location Where Business Was Originally Established (town or city, state and/or country)

\_\_\_\_\_

F. 1) Main Branch or Headquarters Address

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

2) Mailing Address (if different from above)

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

3) Enterprise Zone Establishment Address (if different from Main Branch or Headquarters) and Tax Map Key number

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

**BACKGROUND DATA (continued)**

G. Date Enterprise Zone Establishment Began Operations (if different from date business was established). \_\_\_\_\_

H. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I. Trade or Business (activities at EZ establishment). Check one or more.

- |                                                                              |                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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                                                                                            |
| <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                                                                                                                                                                 |

J. Product(s) or Service(s) Provided by EZ Establishment

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## II. TAX AND EMPLOYMENT INFORMATION

**NOTE: When providing the information requested below, leave "All Hawaii Operations" blank if your EZ establishment is your only operation in Hawaii. Also leave blank any questions that request information for a year during which your EZ establishment and/or other Hawaii operations did not exist.**

- A. Fiscal/tax year start date Month \_\_\_\_\_ Day \_\_\_\_\_
- B. Annual gross revenues for most recent tax year ending \_\_\_\_\_ (Insert date)  
EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- C. Hawaii General Excise Tax payment  
EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- D. Most recent annual Unemployment Insurance premium payment  
EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- E. Most Recent Annual Hawaii State Income Tax payment  
EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- F. Income Taxes Paid to *Other* States (if any) in most recent tax years (NOTE: *This information is necessary only if you did not pay any Hawaii State Income Tax in most recent tax year.*)  
20\_\_ State(s) EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- G. Real Property Taxes Paid as Owner, Lessee, or Tenant on Property *located in the Enterprise Zone:*
- |                  |         |          |
|------------------|---------|----------|
| Most Recent Year | 20_____ | \$ _____ |
| Previous Year    | 20_____ | \$ _____ |
| Previous Year    | 20_____ | \$ _____ |
- H. Average Monthly Payroll (three most recent tax years):
- Most Recent Year 20\_\_ EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- Previous Year 20\_\_ EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- Previous Year 20\_\_ EZ Establishment \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_
- I. Current Number of Full-Time Employees at EZ Establishment \_\_\_\_\_
- J. Participation in any County, State or Federal Government-funded Programs (check appropriate):
- Job Training \_\_\_\_\_
  - Business Loans
  - Other (Please specify) \_\_\_\_\_
  - None

### III. 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.

PRINT NAME OF APPLICANT: \_\_\_\_\_

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