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| **eligibility form** |
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| **Company information** |
| Name:  |
| Company FEIN:  | FEIN Filing Date:  |
| Company Address:  | Suite:  |
| City:  | State:  | ZIP Code:  |
| Company HQ Address:**[only complete if different from above]** | Suite:  |
| City:  | State:  | ZIP Code: |
| Date Located at Address:  | #of Employees Working in KIZ: | # of Employees in Company:  |
| Company Description:  |
| NAICS Code:  | NAICS Description: |
| Identify the Following Industry Clusters that are Applicable to your Company: [ ]  Information Technology/Financial Services [ ]  Advanced Materials/Nanotechnology [ ]  Opto/Micro Electronics [ ]  Life Sciences [ ]  Energy |
| Description of any Patents, Trademarks, and Copyrights:  |
| Description of Innovative Nature of Company:  |
| Employment Goals:  |
| How Did You Hear About the KIZ?  |
| **Applicant Information** |
| Name:  | Title:  |
| Phone:  | Email:  |
| Name:**[complete if CEO/President is different than above]** | Title:  |
| Phone:  | E-mail:  |
| **Authorization** |
| By signing this document, I approve this information and certify that it is correct to the extent of my knowledge.Company:Name:      Title: Signature: XDate:  |

**Required documentation:**

1) Business plan

2) Proof of ownership/lease

3) FEIN Letter

Please submit the completed form to Asher Schiavone at ASchiavone@bethlehem-pa.gov