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| **eligibility form** | | | | |
| --- | --- | --- | --- | --- |
| **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: X  Date: | | | | |

**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](mailto:ASchiavone@bethlehem-pa.gov)