



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

For Zone Use Only ID # _____
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This form is to be used **only** if applicant cannot fit all requested information on the Application for Joint Certification of a 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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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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