



## DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

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### HAWAII ENTERPRISE ZONES (EZ) PARTNERSHIP PROGRAM RENEWAL APPLICATION INSTRUCTIONS

Businesses engaged in agricultural production and/or manufacturing 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. You may submit an application for the extension at any time until the expiration of the Enterprise Zone that you are located in (Each EZ is open for 20 years) whichever time is most advantageous to your business and situation.

**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.
- 4) Licensed contractors are also exempt from **GET on revenue from construction** done at the EZ site of any business enrolled in the EZ Partnership. (Certification is *not required* for this benefit.)

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

**City & County of Honolulu**

- A 2-year exemption from any increase in *property taxes* resulting from new construction.
- A waiver of *building and grading permit fees*.

**Hawaii County-** A 3-year exemption from any increase in *property taxes* resulting from new construction.

**Kauai County-** Priority *business permit* processing.

**Maui County-** 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.

The information you provide is considered proprietary and confidential. 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 Michelle Muraoka  
Enterprise Zone Coordinator  
Department of Business, Economic Development and Tourism (DBEDT)  
State of Hawaii  
P.O. Box 2359  
Honolulu, Hawaii 96804  
Phone: (808) 586-2593 Fax: (808) 586-2589  
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Hawaii County Jane Horike  
Department of Research and Development  
County of Hawaii  
101 Aupuni Street, #1014 C  
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Phone: (808) 961-8496 Fax: (808) 935-1205  
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Kauai County 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  
E-mail: [gcosta@kauai.gov](mailto:gcosta@kauai.gov)

Maui County Deidre Tegarden, Economic Development Coordinator  
County of Maui  
2200 Main Street, Suite 305  
Wailuku-Maui, Hawaii 96793  
Phone: (808) 270-7224 Fax: (808) 270-7995  
E-mail: [deidre.tegarden@mauicounty.gov](mailto:deidre.tegarden@mauicounty.gov)

Oahu County Dane Waltjen  
CBED Section: Office of Special Projects  
Dept. of Community Services, City and County of Honolulu  
715 S. King Street, Suite 311  
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E-mail: [dwaltjen@honolulu.gov](mailto:dwaltjen@honolulu.gov)

**APPLICATION FOR 3-YEAR EXTENSION FOR FARMERS & MANUFACTURERS**

**I. BACKGROUND DATA**

- A. Application date \_\_\_\_\_
- B. Date you would like to *begin the 3-year extension*: \_\_\_\_\_ 1, 20\_\_\_\_  
(The earliest date to renew is the first of the month following the application date)
- 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) \_\_\_\_\_
- F. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
Email: \_\_\_\_\_
- G. Trade or Business (activities at EZ establishment). Please check all that apply.

<input type="checkbox"/> <b>Agricultural production or processing</b>	<input type="checkbox"/> Medical research, clinical trials, and telemedicine
<input type="checkbox"/> <b>Manufacturing</b>	<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

*Trade or Business activities continued. Please check all that apply.*

<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

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**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.

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? Please call the State Enterprise Zones Coordinator at (808) 586-2593, or the County Enterprise Zone Coordinators at the numbers listed on Page 2 of this application form.