

CITY OF PRINCETON
Application for New Business Tax Incentive
(304) 487-5024

1. Applicant Name: _____
2. Applicant Phone Number: _____
3. Applicant Mailing Address: _____
4. Business Name: _____
5. Business Phone Number: _____
6. Business Location Address: _____
7. Type of Business: _____
8. Date Business began operating in Princeton: _____
9. Owner or CEO of Business: _____
10. Have you conducted business in Princeton under any other Business name? _____
11. If so, under what name: _____
12. Total number of employees: _____
13. Expected Annual Gross Revenue of Business: _____
14. Provide a list of businesses owned by the applicant, partners, or corporations along with the annual gross revenue of each. _____
15. If a contracting business, what is the expected number of contracts annually? _____
16. Does the business operation in Princeton involve hazardous material? _____
17. Does the business in Princeton involve the sale of alcohol? _____

NOTICE: The submission of false information on this application will automatically render the business ineligible to receive the Tax Incentive.

Signature of Applicant: _____ **Date:** _____