



### Eligibility Questionnaire

Please complete this questionnaire in its entirety, sign, and return to Katie Bell at the Williamsport/Lycoming KIZ; IMC, Inc; One College Ave. DIF 32; Williamsport, PA 17701.

1) Company Name: \_\_\_\_\_

2) Company EIN: \_\_\_\_\_

3) What date was your business incorporated? \_\_\_\_\_

4) Business Address:

---

---

5) When did you locate, or when do you intend to locate, at this Business Address?

---

6) In which of our designated Zones are you located? (Check which one applies)

- Center for Business & Workforce Development
- Central Business District + Main Street District
- Liberty Mutual Building, Sycamore Road
- Reach Road
- Trimtex Complex, Park Avenue

7) Please describe the nature of your business.

---

---

---

---

8) In which industry sector(s) of the Williamsport/Lycoming KIZ do you operate? (Check all that apply)

- Diversified Manufacturing
- Plastics
- Wood Products
- Information Technology

**Williamsport/Lycoming KIZ Eligibility Questionnaire (Continued)**

9) What SIC/NAICS code you would categorize your business to be in?  
(<http://www.census.gov/epcd/www/naics.html>)

NAICS Code: \_\_\_\_\_

NAICS Description: \_\_\_\_\_

10) What is your DUNS number? \_\_\_\_\_  
(Available through Dun & Bradstreet – <http://www.dnb.com> - free if you apply and then wait for 30 days)

11) Do you have any patents, trademarks, copyrights or trade secrets, or intend to apply for any intellectual property protection?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Why do you feel that your business is innovative/new/unique?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) What is your employment goal for this business?

\_\_\_\_\_  
\_\_\_\_\_

14) Contact name and info for this business:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

---

By signing this document, I approve this information and agree to meet all requirements of the KIZ program. This currently includes, but is not limited to, semi-annual KIZ state reporting requirements, project updates and IMC reporting requirements, and acquisition of a DUNS number. By not meeting requirements I understand that I may lose my KIZ qualification and access to programs such as, but not limited to, the KIZ Tax Credit Program.

**Company Representative Signature**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_