FORM W-OTTZ-1 APPLICATION FOR ELIGIBILITY FOR PROGRAM BENEFITS OF THE WINCHESTER TECHNOLOGY ZONE

Name of firm:

Mailing Address:

Firm Owner:

Authorized Representative (Name, Title):

Date of Application: Phone #: Website URL: E-mail:

List the addresses of your establishment within the Technology Zone:

Date business located into the Technology Zone:

A Qualified Technology Business shall mean a business, to the extent which its gross receipts are derived from a computer hardware, software or telecommunications sales leases, licensing or services, and for which the computers of telecommunication are used to provide sales, leases, licensing or services directly to the customer.

Please indicate one or more of the following examples that pertain to your business.

Electronic information operations and providers

□Internet service provider

□Software design and development companies

Computer and computer peripherals sales or assembly business

□Multi-media content developers

□Internet-based sales or service companies

Hardware design and development companies

□Long distance video service companies

Computer supply and/or service companies

Please attach a brief description of your business. Indicate how the business fits the criteria for eligibility in the Technology Zone.

□Retail, to the extent that sales are made to the customer via the internet, without the customer physically coming to the retail establishment

- Website URL of Retail Sites (if other than above):

Businesses using telecommunications to provide sales, leasing or services directly to the customer, including:

Credit card authorization centers

□Retail catalogue sales centers

□Hotel or airline reservation centers

Telephone company operator, repair dispatching, or sales centers

of Full-time employees:

of Part-time employees:

(Please complete the Employee Break Down on the next Page)

Avg. # of Part-time hours worked per week:

Description of qualified investment within the Zone:

- a) Assessed value and actual cost of real estate within the Technology Zone owned and used by your business:
- b) Assessed value and actual cost of personal property within the Technology Zone owned and used by your business:
 \$
- c) Sum of all payments due from you during the present term of lease for leased real estate locater within the Technology Zone used by your business:
 \$

List the address(es) where qualified investment took place within the Zone:

Value (based on actual cost) of total qualified investment within the Zone: \$

Date(s) on which qualified investment occurred:

Percentage of Sales Generated thru Internet:

I hereby certify that, to the best of my knowledge, all information presented above is correct.

Firm's Authorized Representative's Name and Title (printed or typed)

Name of Independent Certified Public Accountant

Signature of Authorized Representative

 \Box I will make available for review by the Technology Zone Administrator and/or the Winchester Commissioner of Revenue all of the records relevant to information by this form.

EMPLOYEE BREAKDOWN

Occupation	# of Full-time Employees	# of Part-time Employees
Executive, Administrative, and Managerial		
Professional and Specialty		
Technicians and Related Support		
Sales (inc. Telemarketing)		
Administrative Support (inc. Clerical)		
Protective Services		
Non-protective Services		
Consultants		
Programmers/ Systems Analyst		
Training Personnel		
Software Development		
Multi-media Design		
Desk-top Publishing		
Systems Integration		
Hardware Technicians/ Installation		
Network Support		
Manufacturing		
Other		