



## APPLICATION FOR TECHNOLOGY ZONE PROGRAM

A qualified Technology Zone business is a company or identifiable subdivision of a company that has at least 50 percent of its gross receipts from the creation, design, and/or research and development of technology hardware and software, or other eligible business functions. Please refer to the attached descriptive material, the City's Technology Zone Ordinance [<http://choosefallschurch.org/TechZoneOrdinance>] and/or contact the City's Economic Development Office (EDO) at 703-248-5491 for additional information.

Submit your completed application to the City's EDO, 300 Park Avenue, Suite 301 East, Falls Church, VA, 22046, or you may send it electronically to [edo@fallschurchva.gov](mailto:edo@fallschurchva.gov).

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Company Name

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Business Address

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Telephone Number(s)

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Company Owner(s)

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Name/Title of Authorized Representative

Date Your Business Located or Intends to Locate in the City \_\_\_/\_\_\_/\_\_\_

Federal Identification No. \_\_\_\_\_

Standard Industrial Classification (SIC) Code \_\_\_\_\_

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E-mail address

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Website URL

Estimated Total Annual Business Gross Receipts \_\_\_\_\_

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**Number of Full Time Equivalent Employees** \_\_\_\_\_

**Percentage of gross receipts generated from the creation, design, and/or research and development of technology hardware or software, or other qualified business functions:** \_\_\_\_\_ %

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**Please describe above your company's Tech Zone Program qualified business functions. Attach any additional information that will enable the City's business tax auditor and program review committee to confirm your company's eligibility.**

**I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PRESENTED ABOVE IS CORRECT. I will make available for review by the Technology Zone Program administrator and/or the Commissioner of the Revenue all of the records relevant to information required by this form.**

\_\_\_\_\_  
**Signature of Authorized Representative of Applicant Company**

**Date:** \_\_\_\_\_

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**For Office Use**

**The Tech Zone Program review committee, based on its understanding of the information supplied in this application and any additional information it may have reviewed, determines that the applicant company:**

**is hereby certified for Year 1 as a qualified Technology Zone Program business as defined by the City Code.**

**would not qualify as a technology business as defined by the City Code.**

\_\_\_\_\_  
**Tech Zone Program Administrator (Economic Development Office)      Date: \_\_\_/\_\_\_/\_\_\_**

**I hereby certify that the applicant company has no outstanding taxes due to the City.**

\_\_\_\_\_  
**Commissioner of the Revenue      Date: \_\_\_/\_\_\_/\_\_\_**

**Effective Date of Tax Abatement:**       **January 1, \_\_\_\_\_**       **July 1, \_\_\_\_\_**