

# New Jersey(NJ) Indoor Amusement Park Grant

Sample Application



# Program Overview

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The second round of this program grants up to \$550,000 for Opportunity Zones and \$500,000 for all other areas to help subsidize a loss of revenue for indoor amusement facilities.

Grants are open to for-profit establishments that are primarily engaged in activities described by specific codes of the North American Industry Classification System (NAICS) **713110** or **713120**.

Applicants are allowed to receive one grant award per EIN, with a minimum award of \$5,000.00 per EIN.



**APPLICATIONS WILL REOPEN ON WEDNESDAY SEPTEMBER 20<sup>th</sup> 2023 AT 10:00AM**

**APPLICATIONS WILL BE ACCEPTED ON FIRST-COME, FIRST-SERVED BASIS, BASED ON THE DATE AND TIME IN WHICH THE AUTHORITY RECEIVES THE APPLICATION AND WILL CLOSE ON WEDNESDAY NOVEMBER 1<sup>st</sup> 2023 AT 5:00PM.**

# Sample Application

## Welcome

Before beginning the application read through the information provided on the welcome page.

Once ready click “Next” to begin the application

### IMPORTANT TIP:

Click “Save” in the beginning to create a reusable link that will save your progress as you complete the application.



## New Jersey Indoor Amusement Parks Grant Program

1 2 3 4 5 6 7 8 9 10 11 12 13

### Welcome

This pilot program grants up to \$550,000 for Opportunity Zones and \$500,000 for all other areas to help subsidize a loss of revenue for indoor amusement facilities. Grants are open to for-profit establishments that are primarily engaged in activities described by the specific codes of the North American Industry Classification System (NAICS), 713110 or 713120.

Applicants are allowed to receive one grant award per EIN, with a minimum award of \$5,000.00 per EIN.

New Jersey Indoor (NJ) Amusement Park Grant Program has a \$1,000 non-refundable application fee.

### Language Assistance:

ATENCIÓN: si habla español, los servicios de asistencia lingüística, gratuitos, están disponibles para usted enviando un correo electrónico a [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية مجانية متاحة لك عبر إرسال بريد إلكتروني إلى [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

注意：如果您說粵語，可以透過傳送電子郵件至 [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 免費獲取語言協助服務。

注意：如果您說普通話，可以透過發送電子郵件至 [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 免費獲取語言協助服務。

ध्यान आर्पणः श्री तमे गुजराती भाषिणो वीरता वीर्ये ती, तमारा माटे [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) पर ई-मेल वरवीं सहाय सेवांभी मळतामी उपलब्ध छे.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) पर ईमेल द्वारा, आप के लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।

ATTENZIONE: se parla italiano, può usufruire gratuitamente di servizi di assistenza linguistica scrivendo all'indirizzo [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

알림: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료에 이메일 [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov) 을 통해 제공됩니다.

UWAGA: Jeśli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e-mail pod adres [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

ATENÇÃO: se você falar português, oferecemos serviços de apoio de idioma gratuitos. Envie um e-mail para [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

ATTENTION: Kung nagsasalita ka ng Tagalog, magagamit mo ang libreng mga serbisyong tulong sa wika sa pamamagitan ng pag-email sa [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov).

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# Applicant Eligibility

This program is specifically open to establishments that are primarily engaged in activities described in the North American Industry Classification System (NAICS) codes **713110** or **713120**.

## NAICS CODE 713110

**Amusement and Theme Parks-** This industry comprises establishments, known as amusement or theme parks, primarily engaged in operating a variety of attractions, such as mechanical rides, water rides, games, shows, theme exhibits, refreshment stands, and picnic grounds. These establishments may lease space to others on a concession basis.

## NAICS CODE 713120

**Amusement Arcades-** This industry comprises establishments primarily engaged in operating amusement (except gambling, billiard, or pool) arcades and parlors.

**Users must select or enter the NAICS**



## New Jersey Indoor Amusement Parks Grant Program

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### Eligibility

This program is specifically open to establishments that are primarily engaged in activities described in NAICS codes 713110 or 713120

#### NAICS CODE 713110

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#### NAICS CODE 713120

**Amusement Arcades-** This industry comprises establishments primarily engaged in operating amusement (except gambling, billiard, or pool) arcades and parlors

For more information visit <https://www.census.gov/naics/>

Please select or enter the NAICS code in which your company operates in as evidenced on your 2020 federal tax return. \*

NAICS code

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# Primary Point of Contact

On this page we will collect contact information for the Primary Point of Contact for this application.

Please ensure that the email provided is the correct email for the primary point of contact on this application.

This email will be used for the fee correspondence and any other communications to the applicant team.

## Primary Point of Contact

Throughout the life of a project – from application, to approval, to closing, and to certification/servicing – NJEDA will need to engage with various members of your team. This section collects contact information for individuals we may need to speak with as part of this project.

Please provide contact information for the primary point of contact within the applicant company that NJEDA will keep updated on the status of this application.

**NOTE:** It is highly recommended that the primary point of contact be the individual that is currently filling out this application. If the primary point of contact is different than the individual that is currently filling out the application, the primary point of contact individual should select 'No' on the POC question below and then fill in the proceeding CEO Contact page to receive future correspondence about this application.

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Confirm Email Address \*



## REMINDER

Click “Save” to create a reusable link that will save your progress as you complete the application.

# Authorized Representative

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**If the primary point of contact is not an authorized representative you will be asked to fill out the contact information for the authorized representative.**

## Authorized Representative

This application includes company representations and certification and must be submitted by an individual who is legally authorized to sign documents on behalf of the applicant company.

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Confirm Email Address \*

Phone \*

# Chief Executive Officer/Owner/Equivalent

If the primary point of contact is not Chief Executive Officer/Owner/Equivalent for the business, you will be asked to fill out the contact information for the Chief Executive Officer/Owner/Equivalent.

## Chief Executive Officer/Owner/Equivalent

If the primary point of contact does not hold this role, please provide the contact information for the owner, CEO, or equivalent highest-ranking executive for the applicant company.

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Confirm Email Address \*

Phone \*

# Media Contact

If the primary point of contact is not the media contact for the business, you will be asked if you would like to designate a media contact.

**IF YES,** you will be asked to fill out the contact information for the media contact.

## Media Contact

NJEDA often works with an applicant company's public relations or media relations representative on press releases and press inquiries regarding approved projects. If you would like, please provide the contact information for the applicant company's media contact that will support on this project.

Would you like to designate a media contact? \*

Yes  No

Salutation

First Name \*

Middle Initial

Last Name \*

Suffix

Title \*

Email Address \*

Confirm Email Address \*

Phone \*



# Applicant Organization

In this section, we are collecting information about the registered business that is applying for this program.

This page will request applicant organization information including but not limited to...

- Entity Type
- Date Established
- Entity Formation Documents
- Federal Tax Identification Number (FEIN)
- NJ Tax Identification Number
- NAICS Code
- NJ Tax Clearance Certificate (required prior to approval)

If the applicant is involved in religious activities or is religiously affiliated, an additional [Religious Activity Questionnaire](#) will be required.

Applicants are allowed to receive one grant award per EIN, with a minimum award of \$5,000.00 per EIN

## Applicant Organization

In this section, we are collecting information about the organization that is applying for assistance. We are focused on the primary applicant only. We may collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

Applicant Organization Name \*

The full name of your registered legal entity. This name should match the name on your formation documents. If you are not sure of your legal entity name, please visit: <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>

Applicant Doing Business As (DBA)

Entity Type \*

Date Established \*

Is the applicant, or any person who controls the applicant or owns or controls more than 1% of stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey? \*

Yes  No  NA - Applicant Organization is Government Entity

Mailing Address \*

Applicant Country of Incorporation/Formation \*

Applicant State of Incorporation/Formation

Formation Document(s)

Documentation to verify applicant entity's name – must provide company formation documents that relate to the entity applying (Articles of Incorporation, Articles of Organization, Certificate of Incorporation, Certificate of Trade Name (filed at county clerk's office-for sole proprietors))

- Sole Proprietor: [Provide a Certificate of Trade Name](#) (filed with the County Clerk)
- LLC: [Certificate of Formation](#)
- Corporation: [Certificate of Incorporation and Bylaws](#)
- Not-for-Profit: [Certificate of Incorporation and Bylaws](#)
- Out of State: If your entity was formed out of state but operates within the State of NJ, you must file a Certificate of Authority when registering the business in NJ and provide that certificate.

# Cannabis Questionnaire

## Cannabis Questionnaire

Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? \*

Yes  No

If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service? \*

Yes  No

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**New Jersey State law prohibits certain cannabis licensees and certified personal use cannabis handlers' employers from receiving or continuing to receive most financial incentive awards – please answer these questions with accuracy to determine if this exception applies to your application.**

# Diversity Equity and Inclusion

**In this section, we would like more information about the diversity of your organization.**

Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only.

Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

## Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your organization. Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only. Within each of these questions, “Prefer not to answer” can be selected if that is the case OR if the question is not applicable to your organization.

**With which of the following does the majority owner of the applicant organization self-identify (if applicable)? \***

- Minority
- Woman
- Veteran
- LGBTQ
- Disabled
- None of the above
- Prefer not to answer

**Please select which of the following State of New Jersey certifications the applicant organization currently holds: \***

- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Veteran-Owned Business Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)
- None of the above
- Prefer not to answer

## Additional DE&I Information

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion

**Please describe whether your organization's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled). \***

# Establishment Details (1/3)

In this section, we ask information about the specifics of the establishment that is seeking financial assistance from the NJEDA.

Besides basic details like name and address, you must select all options that apply from the list of indoor activities at your establishments

If you select Other, please briefly specify in the box what the category is.

You must also share a detailed description of the activities provided, and upload pictures of the facilities at the location.

## Establishment Details

Establishment Name \*

Establishment Address

Street Address 1 \*

Street Address 2

Zip Code \*

City \*

State

New Jersey

Please identify the indoor activities provided at this establishment.

Amusement or Theme Parks

Theme Exhibits

Mechanical Rides

Refreshment Stands

Water Rides

Amusement Arcades and Parlors

Games

Other

Shows

Please provide a detailed description of the indoor activities provided at this establishment. \*

Upload pictures of the indoor facility/attractions at this establishment. (3 pictures max) \*

# Establishment Details (2/3)

**Total Gross Revenue April 1, 2019- March 31, 2020**

**Total Gross Revenue April 1, 2020- March 31, 2021**

**Upload Business Tax Returns for the following years:**

- **2019**
- **2020**
- **2021**
- **2022\***

**Total Gross Revenue April 1, 2019- March 31, 2020 \***

Total Gross Revenue 2019-2020

**Total Gross Revenue April 1, 2020 - March 31, 2021 \***

Total Gross Revenue 2020-2021

**Upload a copy of the applicant's 2019 Federal Tax Return \***

Upload or drag files here.

**Upload a copy of the applicant's 2020 Federal Tax Return \***

Upload or drag files here.

**Upload a copy of the applicant's 2021 Federal Tax Return \***

Upload or drag files here.

**Upload a copy of the applicant's 2022 Federal Tax Return or proof of approved extension \***

Upload or drag files here.

\* Or proof of approved extension

# Establishment Details (3/3)

Please provide a narrative that demonstrates why a gross revenue loss of 50% or more occurred.

To the best of your knowledge, please identify the Total Indoor Gross Revenue for the following periods -

**Total Indoor Gross Revenue April 1, 2019- March 31, 2020**

**Total Indoor Gross Revenue April 1, 2020- March 31, 2021**

Please provide a narrative that demonstrates:

- Why a gross revenue loss of 50% or more occurred
- When comparing the applicant's P&L for time period starting April 1 2019 and ending March 31, 2020 to the applicant's P&L for time period starting April 1 2020 and ending March 31, 2021

To the best of your knowledge, please identify the Total Indoor Gross Revenue for the following time periods.

Total Indoor Gross Revenue April 1, 2019- March 31, 2020 \*

Total Indoor Gross Revenue April 1, 2020 - March 31, 2021 \*

I certify that, to the best of my knowledge, the Gross Revenue and the Indoor Gross Revenue totals provided above are true and accurate.

I certify that, the business is currently in operation and that a portion of our operations is indoor.

I acknowledge that, if awarded this grant, the grant proceeds are limited to support working capital costs only.

**i** Grant awards will be calculated by the amount of decrease in the applicant's self-declared gross revenue from April 1, 2019, to March 31, 2020, and April 1, 2020, to March 31, 2021, or \$500,000, whichever is less, unless the applicant is located in an Opportunity Zone eligible census tract. If the applicant is located in an Opportunity Zone eligible census tract, the award cap is \$550,000.

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# Legal Questionnaire

In this section we will be collecting the Legal Questionnaire for the applicant registered business.

## Legal Questionnaire

### Applicant Name:

Please note "Applicant" includes individuals and all types of entities applying for and receiving NJEDA financial assistance, incentives or contracts, including but not limited to: for profit businesses, non-profit organizations, municipalities, counties, colleges, universities and other institutions of higher learning.

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in N.J.A.C. 19:30-2.1, et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors.

**Note that this form has recently been modified.**

**Please review this form in its entirety prior to providing any responses or certifications.**

### DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. This includes (however is not limited to):

- entities or persons having an ownership interest in the applicant of 30% or greater;
- entities in which an applicant holds an ownership interest of 30% or greater and are either named in the application and/or agreement or will receive a direct benefit from the financing, incentive or other agreement with NJEDA; and
- other entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with NJEDA.

"Legal Proceedings" means any civil, criminal, or administrative or regulatory proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

### RELEVANT AFFILIATES

In accordance with the above, please identify any individuals or entities that hold a 30% or more ownership in the applicant:

Are there any individuals or entities that hold a 30% or more ownership interest in the applicant? \*

# Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

In this section we will be collecting the Certification of Non-Involvement in Prohibited Activities in Russia or Belarus.

## Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

Program Name: New Jersey (NJ) Amusement Park Grant Program

Applicant Name: |

Applicant Doing Business As:

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([P.L. 2022, c.3](#)) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is engaged in prohibited activities in Russia or Belarus. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

### Certification

I, the undersigned, have read and reviewed the Department of the Treasury's List: (<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>) of entities engaged in prohibited activities in Russia or Belarus, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

- A. That the Applicant is not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus and is not engaged in prohibited activities in Russia or Belarus. OR
- B. That I am unable to certify as to "A" above because the Applicant is identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia and/or Belarus. OR
- C. That I am unable to certify as to "A" above because the Applicant, though not identified on the Department of the Treasury's list of entities engaged in prohibited activities in Russia or Belarus, is engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the Applicant's activity in Russia and/or Belarus is set forth below.

### If applicable, provide Additional Certification of Federal License

I, the undersigned, certify that Applicant is currently engaged in activity in Russia and/or Belarus, but is doing so consistent with federal law and/or regulation and/or license. Provide a detailed description of how the Applicant's activity in Russia and/or Belarus is consistent with federal law, or is within the requirements of the federal license.

### Authorized Signature

I understand that if the above statements are willfully false, I shall be subject to penalty.

Name of Applicant Authorized Representative

Test Tester

Title of Applicant Authorized Representative

COO

Applicant FEIN or Taxpayer ID

23-4232312

Signature \*



# Certification of Application

In this section we will be collecting the Certification of Application.

## Certification of Application

PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, \_\_\_\_\_ THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes. \*

I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance. \*

I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA. \*

I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA. \*

I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties. \*

I certify that the applicant organization is not in default with any other program administered by the State of New Jersey. \*

# Fee Acknowledgement

## Fee Acknowledgment

I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being deemed complete.

Please select a payment method: \*

Credit Card ▼

Please hit save to generate the correct Application ID.

## Pay by Credit Card Instructions

Application ID#:

Amount Due: \$1,000

Please read this information carefully.

After you fill out the remaining pages of this application and then hit "Submit" on the final page, an email will be sent to [Primary Point of Contact Email](#). This email will provide instructions and a link to make the credit card fee payment. **The payment must be completed before the NJEDA will begin reviewing the application.**

The email will come from [NJEDAFeePaymentRequest@njeda.com](mailto:NJEDAFeePaymentRequest@njeda.com). Please check your spam/junk folders if you do not see the email in your inbox.

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# Electronic Signature

We seek your electronic signature to certify that you consent to the use of e-signatures for documentation requirements and other declarations made throughout the application.

**You can draw or type in your signature at the bottom of this page.**

## Electronic Signature

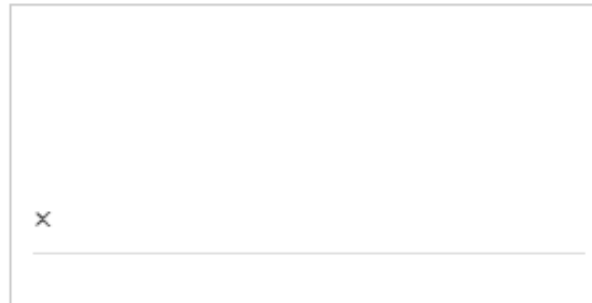
*Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.*

I agree to be bound by electronic signatures

Full Name \*

Title \*

Signature \*



[draw](#) type

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# Application Submission

## Application Submission

Thank you for your interest in the New Jersey Indoor (NJ) Amusement Park Grant Program.

If you are ready to submit this application to the NJEDA for review, please click the **Submit button**.

If you would like to make any changes to the application at this point, please click the **Back button**.

If there is any additional supporting documentation that you would like to provide, please use the upload button below.

or drag files here.

Full Name \*

Title \*

**CLICK SUBMIT**

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# Confirmation



## New Jersey Indoor Amusement Parks Grant Program

Thank you [redacted] for completing the application for the New Jersey Indoor (NJ) Amusement Park Grant Program Application

Your confirmation code is:

An email with instructions and a link to make the fee payment will be sent to [redacted]. **The payment must be completed before NJEDA will begin reviewing the application.**

The email will come from [NJEDAFeePaymentRequest@njeda.com](mailto:NJEDAFeePaymentRequest@njeda.com), please check your spam/junk folder if you do not see the email in your inbox.

Any communications on the status of your application will be sent to:

For questions regarding your application, please reach out to program administrators at [customer care@njeda.com](mailto:customer care@njeda.com)

To learn about other NJEDA programs, visit [njeda.com](http://njeda.com).

Thank You,  
NJEDA

**Fee Payment must be completed before NJEDA will begin reviewing the application. Please note the email to which further communications will be sent.**





<https://www.njeda.gov/new-jersey-indoor-nj-amusement-park-grant-program/>



@NewJerseyEDA | njeda.gov |

609.858.6767

**NJ**EDA