

Vacant Space *Revival* Program Application

PSEG Long Island believes that small businesses are the heart of any business district. The Vacant Space Revival Program is designed to encourage occupancy of commercial space that has been vacant for an extended period.

- The program assists in the turnaround and increases the economic vitality of a business district that has vacant commercial space as well as underutilization of existing utility infrastructure.
- The goal is to offer financial incentives to encourage new business growth, create electric utilization from existing assets, add jobs and drive economic growth in local economies.

1. Application Information:

Name of Business Applying for Incentive: _____

Contact Name: _____

Title: _____

Mailing Address Location (Street): _____

Town _____

NY

ZIP Code _____

Vacant Location Address (Street): _____

Town: _____

NY

ZIP Code _____

Telephone Number(s): _____

Email Address: _____

Federal Tax ID: _____

Existing PSEG Long Island electric account number or meter number: _____

(Include photo of meter if available)

Approximate monthly kWh usage for last 12 months: _____

Projected monthly kWh usage after grand opening: _____

Brief description of type of business and services/products: _____

Please Indicate Application Category:

- ☐ Location vacant/low usage for more than 12 months
- ☐ Other unique circumstances (specify): _____

Supporting Documentation Provided:

- ☐ W-9 form
- ☐ Certificate of Occupancy (if required)

Please indicate Applicant type:

- ☐ Owner/developer
- ☐ Owner seeking preapproval to attract future tenant
- ☐ Current tenant (Lease start date: _____
Lease end date: _____)
- ☐ Transferee on previously approved application

Projected Jobs Retained/Created

	Jobs Retained:	Jobs Created:
Construction Jobs		
Permanent Staff - Full Time		
Permanent Staff - Part Time		

Program Regulations:

- Location has been vacant for an extended period of time, 12 month minimum, with no usage, or minimal usage verified in the PSEG Long Island billing system.
- Applicant must maintain all accounts in good standing with no arrears.
- Approved account must be enrolled in the DirectPay program
- Business must be located in a business district or commercial area.
- The Applicant may be the owner or prospective tenant of the eligible site and must apply for this program within six (6) months of Certificate of Occupancy or within six (6) months of PSEG Long Island Application for service.
- Applicants approved will notify PSEG Long Island 30 days in advance of the start of the discount period. The discount period must begin within 6 months of approval date of application.
- PSEG Long Island will conduct site inspections as necessary.
- Incentives are based on a percentage of delivery charges and are limited to total incentive of \$3,000 or \$10,000 dependent on account rate based on usage.
- PSEG Long Island makes no warranty, guarantee, or representation, express or implied, with regard to any economic benefits, energy savings, or cost savings that may result from use of this Program's funds. Award recipient understands and agrees that PSEG Long Island is not liable for any financial losses related to the applicant's participation in the Program, or if the project's expected benefits are not achieved.
- Applicant agrees to provide economic information to PSEG Long Island or its approved agent in order to verify the economic benefit of the award for a period of 2 years after issuance of final award or credit.
- Applicant agrees to participate in PSEG Long Island marketing and promotional activities related to any award provided.
- Applicant must complete a separate PSEG Long Island Application for Service.
- This program may be revised or suspended at any time without notice.

Certification by Applicant:

I certify that all statements made in this application, including all supporting documentation, are correct to the best of my knowledge, and that I have reviewed and agree to the terms stated on this application, including those provisions regarding warranties and liabilities.

Sign

Signature of Applicant:

Date:

Printed Name of Applicant:

Title:

Send completed application to: PSEG-LI-economicdevelopment@pseg.com

By providing a telephone number, you are giving consent to be contacted at that number about matters that are closely related to the utility service.