Department of Economic and Community Development

Connecticut
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STATE OF CONNECTICUT
Department of Economic and Community Development
Preliminary Questionnaire to Determine Eligibility
Enterprise Zone (EZ) Incentives

The responses to the following items are intended to provide the State with basic information concerning your business and the proposed activity to confirm if you may qualify for tax incentives as provided under Sections 12-81(59), 12-81(60) and 12-217(e) of the Connecticut General Statutes. Upon receipt and review of a completed questionnaire, a staff member will contact you to discuss the program further.

Please be advised that the completion of this form does not constitute a formal application for a CERTIFICATE OF ELIGIBILITY, which requires more detailed information; it is intended only to allow the Department to make an initial determination concerning your proposal at the least cost in time and effort to you.

PLEASE RETURN THE COMPLETED QUESTIONNARE TO:

Mr. Ed Bona
Enterprise Zone Coordinator
Department of Economic and Community Development
450 Columbus Blvd.
South Tower, Suite 5
Hartford, CT 06103

If you have any questions, or need assistance in completing this questionnaire, please call Mr. Bona at 860-500-2352 or by email: edward.bona@ct.gov.

Thank you for your cooperation.

[1] LEGAL NAME AND MAILING ADDRESS OF THE BUSINESS:

_____
_____
_____

FEDERAL EMPLOYER I.D. #_____ SIC/NAICS#_____

[2] NAME, TITLE AND TELEPHONE NUMBER OF CONTACT PERSON:

_____
_____

[3] ADDRESS AND SIZE (ft², sq. ft., SF) OF THE FACILITY, OR PORTION THEREOF, TO BE OCCUPIED:

_____
_____
_____

[4] ACTUAL OR ANTICIPATED DATE OF OCCUPANCY OF THE FACILITY LISTED ABOVE:

_____

[5] NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF THE OWNER OF THE FACILITY:

_____

_____

_____

(See Notes 1 & 2 Below)

[6] THE FACILITY WILL BE (please check each that is applicable):

☐ Newly Constructed ☐ Expanded ☐ Purchased

☐ If Acquired by Purchase or Lease after having been idle for at least one year (Notarized proof of idleness by the Municipality will be required).

If the facility is being leased or purchased please provide the current assessed value of the space to be acquired: _____

☐ Substantially Renovated

If the facility is being renovated please provide (1) the estimated cost of renovation ($_____), and (2) the current assessed valuation of the facility (prior to renovation) ($_____).

[7] Briefly describe the activity or activities in which the firm noted in this questionnaire will be engaged at the location to be occupied.

_____

_____

[8] Estimated number and type of new, permanent full-time employment positions to be created at the facility over the next 24 months:

_____

Current pre-project employment _____

Projected new full-time positions in the 1st year _____ 2nd year _____

_____ _____

Signature of Applicant or Preparer Date

NOTES 1. Renovation should be a of a nature requiring the issuance of a building permit and involve capital expenditures of at least 50% of the assessed value of the facility, or portion thereof, prior to its renovation.

2. A contract for lease must be for an initial minimum term of five years with an option to renew for an additional five years or the option to purchase the facility at any time after the initial five-year or both. The term of the lease as well as the idleness as well as the idle requirement may vary for facilities that are located in an enterprise zone.

☐ If you would like information on State assistance with financing, training, or other business services, please check here. A representative from the Department of Economic and Community Development would contact you.

Attachment A

From: Town/City Municipality

To: Department of Economic and Community Development

Date: _____

Re: Idleness Waiver

This letter is to certify that the following location in _____
(Municipality)

has been idle, vacant or underutilized for one year:

_____

_____

_____

_____

Sincerely,

_____

Name and Title of Authorized Individual
(Assessor)
(EZ Coordinator)
(Chief Elected Official)

Notary

_____