STATE OF CONNECTICUT
Department of Economic and Community Development

Preliminary Questionnaire (pre-application) for Enterprise Zone Program Incentives

Municipal Officer to identify the correct zone the proposed project:

- ☐ Airport Development Zone
- ☐ Bioscience Enterprise Corridor Zone
- ☐ Contiguous Municipality Zone
- ☐ Defense Plant Zone
- ☐ Enterprise Zone
- ☐ Enterprise Corridor Zone
- ☐ Entertainment District
- ☐ Manufacturing Plant Zone
- ☐ Qualified Manufacturing Plant
- ☐ Railroad Depot Zone
- ☐ Urban Jobs Program

The responses to the following items are intended to provide the State with initial information concerning the intended occupant and claimant for exemptions, the amount of capital investment, and to verify the facility address is within a DECD-approved zone for possible Connecticut enterprise zone program benefits., which are subject to changes by the Connecticut General Assembly. This "pre-app" is intended to allow the municipality and the State to make an initial review of the expansion/development project, but does not constitute a formal application. (Prospective applicants/claimants must wait to be invited by the State; and the designated municipality would verify the investment project is completed, and certify the application package was reviewed.)

Prospective applicants should return this preliminary questionnaire to the municipal contact for review. A municipal official must sign this and complete the Attachment A memo, and forward to CT DECD Enterprise Zone Program Manager via email to: DECDEnterpiseZone@ct.gov .
Recommended email subject: **EZ 2024 / municipality: name of business occupant, facility address**
If you have any questions, please leave a message at **1-860-500-2456.**

[1] LEGAL NAME AND MAILING ADDRESS OF BUSINESS OCCUPANT (TENANT):
(verify at Connecticut Secretary of the State Business Recording Division, email bsd@ct.gov)
_____
_____
_____
Attach copy of legal name registration, and copy of notarized tradename certificate (if any).
Business Occupant FEIN # (or SS#): _____
Per CT DOL: (a) Unemployment Insurance (UI)#: _____ (b) NAICS# code:_____ __

[2] NAME, TITLE, PHONE NUMBER, and EMAIL address of contact person for the TENANT:
_____
_____
_____

[3] FACILITY seeking benefits: manufacturing, warehousing, or service (per CGS Sec. 12-81 (59)(a) or (b)):
Full Address: _____
TOTAL area of property (see Assessor property card): _____ S.F.
Area seeking property tax exemptions (refer to Assessor office): _____ S.F.

[4] FACILITY OCCUPANCY DATES for address in [3] above: (actual or anticipated)
Occupancy start date: _____ Expansion completion date: _____

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Hartford, CT 06103
Phone: 860-500-2300

[5] LEGAL NAME AND MAILING ADDRESS OF PROPERTY OWNER (LANDLORD):
NAME, MAILING ADDRESS, EMAIL, and TELEPHONE NUMBER
(as recorded with the Secretary of the State's Business Recording Division at
https://service.ct.gov/business/s/onlinebusinesssearch?language=en_US

_____
_____
_____

➢ Please attach copy of legal name record of the real property owner (land, structures):

Real property owner's FEIN # or S.S. # _____ NAICS # _____

[6] THE FACILITY WILL INVOLVE (please check all applicable, see Notes 1 & 2 on next page:

☐ Acquisition—purchase of real property* ☐ Acquisition—leasing of new operations area*
☐ Expansion on existing lease (increase square footage, or adding another site structure)
☐ Construction—new (a structure not previously listed on the assessor property record)
☐ Construction—substantial renovation* (see also NOTE 1 next page)

For new acquisition by purchase of facility, new additional area, provide:
☐ Verification of whether the facility had been idle/abandoned/vacant for at least one year,* check here, and provide notarized Attachment A (zone and pre-project idleness status signed by the Municipality).
* Please refer to for the statutory idleness requirements and exceptions at CGS Sec. 32-9p subsection (d).

** For new construction and/or substantial renovations, please provide (discuss with assessor):
☐(1) the total estimated cost of construction and/or renovations ($_____),
☐(2) the current assessed valuation of the facility prior to renovation ($_____).

[7] Please briefly describe the activity or activities in which the prospective tenant/occupant/claimant listed in this pre-application questionnaire will be engaged in the area at the facility location:

To summarize the activities described on the lines above, please check a box below:
☐ manufacturing, processing, or assembly of raw materials, parts or manufactured products;
☐ significant servicing, overhauling or rebuilding of machinery/equipment for industrial use;
☐ distribution in bulk quantities of manufactured products on other than a retail basis;
☐ research and development activities directly related to a manufacturing process; and/or
☐ other eligible business services, AND please provide a sentence or two to describe:

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[8] Current registered full-time employment positions in Connecticut): _____ (W-2 forms)
Please estimate the number of new permanent full-time employment positions to be created (and/or transferred) over the next 24 months as a direct association with the intended economic development project at/for the Connecticut facility listed within this pre-application:

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

The person signing this pre-application certifies the accuracy of the registered names of the taxpayers who seek an initial review of proposed investment project and an invitation to formally apply.

_____ _____
Handwritten signature of prospective Applicant rep. Date

_____
Type or print name of signature above and title, company name

NOTES:

1. Substantial renovation should be 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 a portion thereof, prior to its renovation.
2. A leasing agreement must include a minimum term of five (5) years along with option to renew for an additional five (5) years or an option to purchase the facility at any time after the initial five-year term, or both, and include the size of area to be leased. The terms of lease and the length of time that a facility were underused, abandoned, or vacant may vary by zone in accordance with Statutes.

NOTICE:

There are no guarantees of a prospective taxpayer being invited to apply, nor of obtaining a favorable determination of eligibility for enterprise zone program benefits.
The State of Connecticut requires the municipality to completely review the Preliminary Questionnaire and the accompanying Attachment A memorandum, as well as (if invited to apply) any formal application package. Prospective applicants/claimants and municipalities should correct/clarify any discrepancies and potential issues between supporting materials and answers on enterprise zone program form. Discrepanices may result in delays in processing, moving application review to future program year, denial of eligibility, and/or post-certification revisions to determination of eligibility.

☐ If you would like additional information about other State of Connecticut assistance (programs and/or services) with low-cost project financing, wage and or training subsidies, or other business services, export assistance, grants for manufacturing machinery and equipment, please check the box to the left. A representative from the Connecticut Department of Economic and Community Development would contact you about ways to save on the cost of doing business in Connecticut.

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Preliminary Questionnaire Attachment A (memorandum)

From: Enterprise Zone Program participating municipality

To: State of Connecticut Department of Economic and Community Development

Date: _____

Re: Verification of pre-project zone, and idleness status (abandoned, underused, or vacant)

Please identify official municipal role/responsibility, check one:

☐ Assessor ☐ Chief Elected Official ☐ Planning/EconDevpt/EZ Official

I certify that the facility listed below at (fill in complete address):

_____ _____

_____ CT _____

has been abandoned, underutilized, and/or vacant for this period _____

Respond to all that apply:

Check here if idle 1 or more years: ☐ Has this been verified with the Assessor? ☐

Check here if idle less than 1 year: ☐ Has this been verified with the Assessor? ☐

Check here if facility is not underused, vacant, idle, nor abandoned (i.e. "N/A"): ☐

Check here IF the facility requires idleness but the municipality requests a waiver of it: ☐

I attest to the truthfulness of the statements above:

Signature (before notary): _____

Type/print name, title: _____

JURAT

State of Connecticut,

County of _____

s.s. _____ (city/town)

Subscribed and sworn to before me (print name) _____

on this _____ day of _____ , 20_____

(Notarial seal)

_____

Signature of notary public or Commissioner of the Court

My commission expires: _____

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