



TOWN OF MIDDLEBURY

*Economic and Industrial Development Commission
1212 Whittemore Road, Middlebury, CT 06762
(203) 758-2439 – phone / (203) 758-2520 – fax*

Application for a Certificate of Eligibility for Tax Incentives

1. Legal name and mailing address of the business applying for the tax incentives.

Legal name: _____

Mailing address: _____

2. Name, title, mailing address, phone number and e-mail address of the contact person for the business applying for the tax incentives.

Name/title: _____

Mailing address: _____

Phone number: _____

E-mail address: _____

3. Size of the facility currently occupied by business applicant.

4. Website of business applicant. _____

5. Federal employer I.D. number of the business: _____

6. Business code if applicable (NAICS designation): _____

7. Fiscal Year of the business occupant identified in section A above.

Calendar: _____ Other: _____

8. Form of Business Organization of the occupant identified in section A above (check one).

Corporation: _____ Partnership: _____ Proprietorship: _____

LLC: _____ "S" Corp: _____ Foreign: _____

9. If incorporated, provide the State in which incorporated and the date of incorporation.

State of incorporation: _____

Date of incorporation: _____

10. If a foreign corporation, date on which occupant identified in section A above was approved to conduct business in the State of Connecticut.

Date of approval: _____

11. Address, acreage and square footage of the facility (or portion thereof) to be occupied by the business, Assessor's Volume, Page, Map, Block and Lot number for the property.

Address: _____

Acreage: _____ Square footage: _____

Assessor's volume, page, map, block and lot number: _____

12. Actual or anticipated date of occupancy of the facility by the business applicant.

Acquisition date (by lease or purchase): _____

Occupancy by the business applicant: _____

13. The facility will be (check each that applies).

Constructed: _____ Renovated: _____ Purchased: _____

Expanded: _____ Leased: _____

14. Description of the duration and options of a proposed lease, and/or purchase price if applicable.

15. If the facility is being constructed, renovated or expanded state the assessed valuation prior to and after the renovation or expansion.

Pre-project \$ _____

Post-project estimate \$ _____

16. Detailed description of the activity or activities that the business will be engaged in at the location to be occupied, the end product manufactured. If the facility is to be used as a wholesale operation, a description of the geographic area that will be served from this facility.

17. Estimated/actual assessed valuation of machinery/equipment and other eligible personal property that will be new to the Grand List as a result of this project.

18. Current pre-project employment (broken down to full and part-time employees).

Full time: _____

Part time: _____

19. Estimate of the number and type of new, permanent full-time employment positions that will be created at the facility over the next twenty-four (24) months.

20. How many of those new positions will be created in the first year and the second year.

First year: _____

Second year: _____

21. Copies of any building plans, site plans, construction plans, specs, photos, aerial photos, etc. of the building/project.

The *Economic and Industrial Development Commission* reserves the right to request information from all certified applicants during the life of the “Certificate of Eligibility” for tax abatement. This information shall include, but may not be limited to:

Reporting yearly employment levels;

The yearly value of the real and personal property tax benefits received; and

The yearly value of the corporate tax credit received.

FAILURE TO RESPOND TO REQUESTS FOR INFORMATION WITHIN THIRTY (30) DAYS OF RECEIPT OF REQUEST MAY RESULT IN A LOSS OF BENEFITS UNDER THIS PROGRAM.



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ATTACHMENTS & ADDITIONAL INFORMATION

Each applicant for a “Certificate of Eligibility” must provide the following additional information along with a completed application.

- *A brief description of the company, its business, the ownership and management structure.*
- *A description of any current or pending litigation in which it is or is expected to be a party.*
- *Audited or reviewed financial statements for the most recently completed fiscal year.*
- *A copy of the company’s “Certificate of Legal Existence”. This can be obtained by calling the Office of the Secretary of the State at 860-509-6004.*
- *A copy of the lease, if the facility is being acquired by lease.*
- *A copy of the deed to the property, if the facility is being acquired by purchase.*
- *A copy of the last 5 years real estate and personal tax payments.*
- *A copy of the last 5 years of sewer and water payments.*

The undersigned parties hereby certify that the information contained in this application with respect to the facility and occupant named herein is true, correct and complete, and each further certifies that the information contained herein with respect to he or she is true, correct and complete.

Signature of Owner/Representative of the facility

Date

Signature of the Owner of machinery, equipment/eligible personal property

Date

Signature of the Lessor of machinery, equipment/eligible personal property

Date

PLEASE RETURN THE APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

**First Selectman
Town of Middlebury
1212 Whittemore Road
Middlebury, CT 06762**



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MANUFACTURING FACILITY DOCUMENTATION

TOWN/CITY: _____

REAL ESTATE OWNER: _____

FACILITY ADDRESS: _____

COMPLETE ALL APPLICABLE SECTIONS

1. Acquisition Of An Idle Or New Facility:

a) By Purchase _____ Date of purchase _____ Purchase price \$ _____

b) By lease of _____ years with an option to renew for _____ more years.

Lease date _____

2. Construction of a New Facility/Expansion Of an Existing:

a) Beginning date (date of building permit) _____

b) Estimated date of completion (date of Cert of Occupancy) _____

c) Estimated cost of construction (if available) \$ _____

3. Renovation Of An Existing Facility:

a) Estimated beginning date (date of building permit) _____

b) Estimated completion date (date of Cert of Occupancy) _____

c) Projected total renovation cost \$ _____

4. Number of square feet formerly occupied, if applicable _____

5. Number of square feet to be occupied in this facility _____

