



FORM UT - 3

APPLICATION FOR A "CERTIFICATE OF ELIGIBILITY"

for tax incentives under Sections 12-81(59), 12-81(60) & 12-217(e) of the Connecticut General Statutes

Airport Development Zones
Bioscience Enterprise Corridor Zone
Contiguous Municipality Zone
Defense Plant zone

Enterprise Zones
Enterprise Corridor Zones
Entertainment Districts

Manufacturing Plant Zone
Qualified Manufacturing Plant
Railroad Depot Zones
Urban Jobs

SECTION I:

(A) Legal name (as registered with the Secretary of the State), full mailing address, telephone number(s), and email(s) of the owner(s) of the facility (**the real property**) for which a "Certificate of Eligibility" is being requested.

Telephone: _____ Email: _____

(B) Legal name (as registered with the Secretary of the State), full mailing address, telephone number(s), and email of the **business occupant** of the facility identified in Section 1(A) above, and for which a "Certificate of Eligibility" is being requested.

Telephone: _____ Email: _____

(C) Name, full mailing address, telephone number(s), and email(s) of the person(s) to whom questions and other communications about the **facility** should be addressed.

Telephone: _____ Email: _____

(D) Name and title, full mailing address, telephone number(s), and email(s) of the person(s) to whom questions and other communications about the **business occupant** of the facility listed in Section 1(B) above should be addressed.

Telephone: _____ Email: _____

(E) The North American Industry Classification (**NAICS**) number of the **business occupant** of the facility identified in Section 1(B), above (free look-up at <https://www.census.gov/eos/www/naics/>): _____

(F) Fiscal Year of the **business occupant** of the facility identified in above Section I(B) of this application:
Calendar (ending December 31) Other (specify month and date): _____

(G) Form of Business Organization of the **occupant** of the facility identified in Section I(B) of this application (Check One):

Corporation, Partnership, Proprietorship, LLC, “S” Corp., Other

If incorporated, provide the **name of the State in which incorporated** and the **date of incorporation**: _____

Provide the date on which the business occupant identified in Section I(B) was first registered to conduct business in the State of Connecticut: _____

(H) Is the **owner** of the facility identified in Section I(A) of this application also an **occupant** of any part of this facility? NO YES
If yes, provide a brief description of the activity or activities performed in the affected area.

SECTION II:

(A) Current address of the facility identified in Section 1(B) of this application and on the **Form “M-46”**. Please show the complete street address as well as the Assessors Volume, Page, Map, Block and Lot number for the property.

(B) Former addresses, if applicable, of the business occupant identified in of this application.

- (C) The facility that will be occupied by the business applicant shown in Section I (B) of this application consist of (Check each that is applicable):

An **entire building** of approximately _____ square feet.

A **part of a building** with a total square footage of _____ square feet, of which approximately _____ square feet will be occupied by the business identified in Section I(B) of this application.

Construction costs, if applicable: _____

If project consists of free standing, single occupant facility, what is the acreage? _____

- (D) The facility will undergo/is undergoing new: (check all that apply)

Construction,

Purchase (acquisition),

Expansion,

Renovation (substantial),

Leasing,

and will be used for the following purpose(s): (check all that apply for this facility)
manufacturing, processing, or assembly of raw materials, parts or manufactured products;
significant servicing, overhauling or rebuilding of machinery and 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. Please ATTACH A SEPARATE SHEET to describe.

- (E) Provide a brief discussion of the nature of the use (as indicated in Section II (D), above) that is to be made of the facility. Include a description of the raw materials utilized, the manufacturing process, the end product(s), and services primary, market area served, sources of labor, access to major transportation routes and utilities. You may type "Please see attached" and use additional sheets as necessary, clearly identified as Section II (E).
- (F) Provide a brief discussion, as appropriate, of the acquisition, construction, expansion, renovation, or long term lease of the facility that is expected to occur and which, therefore, will make the facility eligible for consideration as an eligible facility. Include in the discussion the size of the facility, the term of the leasing agreement, and the approximate cost of the construction, expansion, and/or renovation.

(G) If the facility is being constructed, expanded, and/or substantially renovated, please state the **assessed valuation (prior to and after the expansion or renovation)** of the facility, where to fill the boxes below (A) subtract (B) = (C).

(A) Enter the estimated value of the property immediately AFTER property improvement*:	\$ _____	Est. completion date: _____
Less (B) Enter the value of the property immediately BEFORE any improvement*:	\$ _____	Valuation date: _____
<hr/>		
(C) Estimated change in value:	\$ _____	
<hr/>		

* Please include copies of valuation documents from the Assessor's Office upon availability.

(H) If the business occupant maintains a website for the business, please provide the web address:

(I) Actual Full-time and Part-time positions (at time of application):

Full-time: _____

Part-time: _____

Other: _____

(J) Actual or Expected dates of:

Acquisition (by lease or purchase) of the facility identified in Section I (A) above:

Occupancy by the business occupant identified in Section I(B) above:

If the facility is being constructed, expanded or renovated, provide a copy of the **building permit** for such property improvement(s) and a copy of the **Certificate of Occupancy** for the facility.

(K) Estimate the assessed valuation of all machinery and equipment, as well as other eligible personal property, that will be **new to the Grand List** of the municipality in which the facility is located and which is to be installed in connection with the acquisition, construction, expansion or renovation of the facility:

\$ _____ (70% of the total from **FORM M-47**).

(L) The Department of Economic and Community Development and the Municipality reserve the right to request information from all certified applicants during the life of the certification. This information shall include, but may not be limited to:

1. reporting yearly employment levels;
2. the yearly value of the real and personal property tax benefits received; and
3. the yearly value of the corporate tax credit received.

**FAILURE TO RESPOND TO REQUESTS FOR INFORMATION IN A TIMELY MANNER
MAY RESULT IN A LOSS OF BENEFITS UNDER THIS PROGRAM.**

REQUIRED ATTACHMENTS & ADDITIONAL INFORMATION for

FORM UT - 3

APPLICATION FOR A “CERTIFICATE OF ELIGIBILITY”

Each applicant for a “**Certificate of Eligibility**” must provide the following additional information along with a completed application: (use as a checklist)

To support Section I

A copy of the company’s **Certificate of Legal Existence** (also called Connecticut Certificate of Existence, or Certificate of Good Standing) –obtained through the Business Recording Division of the CT Office of the Secretary of State at 860-509-6200, or at

https://www.concord-sots.ct.gov/CONCORD/index.jsp?sotsNav=|&sotsNav_GID=1844

A brief **description of the company**, its business, the ownership, and management structure

A brief **description of the activities/nature** of use to be performed in affected area

List of other **EZ-eligible business services** to be conducted in the project space/facility

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

To support Section II

A completed **idleness statement** (preliminary questionnaire Attachment A), where applicable

A copy of the **current valuation** from the Assessor’s Office

A copy of the **post-project valuation** from the Assessor’s Office (if applicable and available)

A copy of the **deed** to the property, if the facility is being acquired by purchase

A copy of the fully-executed **leasing agreement**, if the facility is being acquired by lease

If the facility is being constructed, expanded or renovated: a copy of the **building permit** for such property improvement(s)

If the facility is being constructed, expanded, and/or renovated: a copy of the **Certificate of Occupancy** for the facility

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Other supporting documents to this application

If applicant is attaching additional documents where applicable to provide additional support to responses in Section I and Section II of this application, please type the title or name of the document, the date of such document (where applicable), and identify the section and bullet of this UT-3 application that the supplemental information supports:

CERTIFICATION BY APPLICANT
OWNER/REPRESENTATIVE, and LESSOR (if applicable)

The undersigned hereby certify that information contained in and attached to this application:

- to his/her best knowledge and belief is true, correct, and complete;
- that no information is in any way false or misleading, and that no material information has been omitted;
- that the municipality identified in this application is hereby authorized now and at any time in the future to provide to the Connecticut Department of Economic and Community Development (DECD) with any and all information in connection with matters referred to in this application upon request;
- where required by law, may be subject to public disclosure.

The undersigned each represents familiarity with the following provisions of the Connecticut General Statutes:

- Title 12 – Taxation (https://www.cga.ct.gov/current/pub/title_12.htm)
Chapter 203 – Property Tax Assessment, Section 12-81 – Exemptions:
 - Sec. 12-81.(59) Facility in a distressed municipality, targeted investment community, enterprise zone or airport development zone. Designated manufacturing plant. Service facility;
 - Sec. 12-81.(60) Machinery and equipment in a facility in a distressed municipality, targeted investment community, enterprise zone or airport development zone. Machinery and equipment in a service facility; andChapter 208 Corporation Business Tax (https://www.cga.ct.gov/current/pub/chap_208.htm)
 - Sec. 12-217e. Tax credits for certain manufacturing, service and eligible facilities.
- Title 32 – Commerce and Economic and Community Development, Chapter 585 – Enterprise Zones, Entertainment Districts, Enterprise Corridor Zones and Airport Development Zones at Sections 32-70 et seq., of the Connecticut General Statutes (https://www.cga.ct.gov/current/pub/chap_585.htm).

Owner/Representative of the facility as identified in Section 1(A):

Print Name: _____ Title: _____
Company: _____ Tel.: _____

Signature of the **Owner/Representative** of the facility Date

Owner of machinery and equipment/eligible personal property:

Print Name: _____ Title: _____
Company: _____ Tel.: _____

Signature of the **Owner** of machinery and equipment/eligible personal property Date

Lessor of machinery and equipment/eligible personal:

Print Name: _____ Title: _____
Company: _____ Tel.: _____

Signature of the **Lessor** of machinery and equipment/eligible personal property Date

CERTIFICATION BY MUNICIPALITY
OF REVIEW FOR COMPLETENESS OF APPLICATION
FOR A "CERTIFICATE OF ELIGIBILITY"

I, _____ of the City/Town of _____
(print name of town officer) (strike out inapplicable) (municipality of proposed project)
in my capacity as _____,
(official title/position, and name of municipal office)

hereby certify that I have:
read the responses contained herein as well as in the attached supporting documents,
reviewed the responses and supporting documents with one or more persons listed in Section 1
of this application, and
that all appear to be complete, in accordance with DECD's policies and procedures, and in
accordance with Section 32-70 et seq. of the Connecticut General Statutes
(https://www.cga.ct.gov/current/pub/chap_585.htm).

Dated this (date) _____ day of (month) _____, 20 _____

Signature: _____

PLEASE RETURN THE APPLICATION & ALL SUPPORTING DOCUMENTS TO:

ATTN: Enterprise Zone Program
Mr. Edward Bona
Business Development Agent
Department of Economic and Community Development
450 Columbus Blvd, Suite 5
Hartford, Connecticut **06103-1843**
TEL.: **860-500-2352**
FAX: **860-500-2335**
Email: **Edward.Bona@ct.gov**

Questions and correspondence may be directed to Edward.Bona@ct.gov.

For DECD office use only

Received (date and time): _____
Sender: _____
Acknowledged receipt: _____