

APPLICATION FOR TAX AND BUSINESS INCENTIVE PROGRAM TOWN OF EAST HADDAM, CONNECTICUT

A. Name/Location

1. Name of Business:		Name of Business:	
	2.	Current Address:	
	3.	Contact Information:(including website, email & phone)	
	4.	Is the applicant the owner of record for the real estate? Yes; No If the applicant is a tenant, please provide a copy of the lease agreement. The owner of record will need to provide a statement that the tenant is in good standing with the lease terms. If abatement of real estate taxes is sought, the owner of record must join in and sign the application.	
	5.	Address for which the incentives are desired:	
	6.	Tax Assessor's Map/Lot # for desired location:	
	7.	Current Property Owner of the desired location:	
В.	Busin	ess Information	
	1.	Please describe nature/type of the qualifying business:	

	ch benefit are you applying for personal property tax abatement, real estate t oment, or both? (please circle one)
Whe	n is the estimated date of completion of new investment?
	s this new investment require permits or new licenses-if so, have they been applied approved by the Town of East Haddam?
	there any environmental concerns existing with the desired location or will the ne tment cause any environmental concerns?
Are y	you currently receiving or applying for any other incentives for this investment?
East l local	ly describe the economic benefits that the completed project will realize for the Town Haddam (new/retained jobs; average wage per job; investment – direct and indire business opportunities – subcontracts, construction, etc; market nicon/branding; etc). Please attach additional pages as required.

It is hereby represented and certified by the undersigned that to the best knowledge and belief of the undersigned, the information contained herein and attached hereto is accurate and correct and truly descriptive of the project, the applicant and the property. It is further represented that the undersigned is familiar with the East Haddam tax incentive program guidelines and, to the best of knowledge and belief, has complied or will be able to comply with all the requirements thereof.

Applicant Name printed:	
Applicant Name signed:	
Title of Applicant:	
Date:	
Note: please submit one (1) copy of the application and all atta	chments simultaneously to each of the following:
Selectman Office Municipal Office Complex 1 Plains Road PO Box 385 Moodus, CT 06469	Date received
Chairman of Economic Development Commission Municipal Office Complex 1 Plains Road PO Box 385 Moodus, CT 06469	Date received

On behalf of the Selectman's office and Economic Development Commission, we thank you for doing business in East Haddam. Your application will be processed according to the ordinance application procedures and we look forward to working with you.

In addition, a copy of this application will be sent to the Economic Development Coordinator, Chairman of the Board of Finance and the Town Assessor.