



STATE OF CONNECTICUT
Department of Economic and Community Development
Preliminary Questionnaire to Determine Eligibility
for Enterprise Zone Program Incentives

(DECD Rev. 03/06/2023)

Municipal Officer to identify the correct zone the proposed business expansion project:
Airport Development Zone, Enterprise Zone, Manufacturing Plant Zone, Bioscience Enterprise Corridor Zone, Enterprise Corridor Zone, Qualified Manufacturing Plant, Contiguous Municipality Zone, Entertainment District, Railroad Depot Zone, Defense Plant Zone, Urban Jobs Program

Businesses should return this completed to the municipal contact for review. The municipal official would sign and forward this form, the supplemental info, and "Attachment A" to DECD via email to: DECDEnterpriseZone@ct.gov

Recommend email subject line: EZ 2023/municipality: name of business occupant, facility address
If you have any questions, please leave a message at 1-860-500-2456.

The benefits under this program are subject to changes by the Connecticut General Assembly. This "pre-app" is a pre-application phase, and does not constitute a formal application for benefits. (Effective 04/01/2023, DECD is asking for additional information and supporting documents to better verify initial eligibility earlier in the process.)

[1] LEGAL NAME AND MAILING ADDRESS OF BUSINESS OCCUPANT (TENANT):
(as recorded with the Secretary of the State's Business Recording Division
https://service.ct.gov/business/s/onlinebusinesssearch?language=en_US)

Blank lines for legal name and mailing address of business occupant.

- o Attach copy of business name registration from CT Secretary of the State, and a copy of any notarized tradename certificates filed with the town/city clerk (if applicable).

Business Occupant FEIN # _____ NAICS # _____ (from CT DOL)

[2] NAME, TITLE, PHONE NUMBER, and EMAIL address of CONTACT PERSON:

Blank line for contact person information.

[3] BUSINESS EXPANSION: MANUFACTURING OR SERVICE FACILITY SITE:
Full Address: _____

Area of entire facility (from Assessor property card): _____ S.F.

Area of facility expansion (discuss with Assessor office): _____ S.F.

[4] FACILITY OCCUPANCY DATES for address in [3] above: (actual or anticipated)

Occupancy start date: _____ Expansion completion date: _____

[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)

Contact person name: _____

Business name of property owner: _____

Mailing address: _____

Contact tel./mobile #: _____

Email address (required): _____

o Please attach copy of property owner/landlord’s legal name registration, and provide:

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

(See Notes 1 and 2 further in this package)

[6] THE FACILITY WILL INVOLVE (please check all applicable, or type an “X”):

- Construction—new (a new facility, or new addition to existing facility)*
 - Construction—substantial renovation* (see also Preliminary Questionnaire NOTE 1)
 - Expansion on existing lease (increase square footage, or adding another facility)
- Acquisition by: purchase** New lease** Existing lease***

* For new construction, substantial renovation, or expansion, please provide:

- (1) the estimated cost of construction or renovations (\$ _____), and
- (2) pre-project valuation of facility prior to renovation (\$ _____)—the local Assessor’s office will provide the current valuation of the area.

** If this is new acquisition by purchase and/or a new lease, Statutes may require:

- The facility has been idle/abandoned/vacant. DECD requires notarized verification of facility’s idleness status prior to the project (municipality to complete Attachment A).

*** If this is an existing lease, please refer to CGS Sec. 32-9p subsections (d) for lease requirements (https://www.cga.ct.gov/current/pub/chap_578.htm#sec_32-9p), and attach a copy of your fully executed lease when submitting this to the municipal official.

The facility will be used for the following purpose(s)—please check all that apply:

- 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 business services: _____

- [7] Briefly describe the activity or activities in which the business occupant noted in this questionnaire will be engaged in at the location to be occupied (relates to prior question).

- [8] Current pre-project employment (full time positions in Connecticut) is: _____
Please be prepared to share a copy of Forms UC-2 / UC-5A or Forms UC-2R / UC-5R.

Estimate number and type of new, permanent full-time employment positions to be created (and/or transferred) to the Connecticut facility over the next 24 months as a direct result of the intended economic development business expansion project:

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

The undersigned understands that this Preliminary Questionnaire is the first phase—the pre-application phase—of a three-phase review process.

By signing this Preliminary Questionnaire, and any subsequent DECD forms relating to the Enterprise Zone program of benefits, and delivering with the required supplemental information to the municipal Enterprise Zone coordinator, the business official below authorizes the State to verify information related to the businesses and this proposed project for Enterprise Zone program benefits, including but not limited to: business names registered with State and local governments, tax identification numbers and ownership, registered workers, facility idleness, and the terms of the real property acquisition and occupancy.

Handwritten signature of Applicant or Preparer

Date

Type or print name of Applicant or Preparer, and Title

Name of Business Entity (e.g., LLC, Inc., and any tradename “doing business as”

- If you would like additional information on State assistance with financing, new hire or incumbent working training subsidies, or other business services, please check the box to the left; a Connecticut Department of Economic and Community Development (DECD) agent would contact you. You may also contact Connecticut Department of Labor business support services representatives directly, visit <https://www.ctdol.state.ct.us/busservices/busspec.htm> .



NOTES

1. The intent of the Enterprise Zone program of benefits is to encourage business expansion of manufacturing or select services and to attract capital investment to municipalities with DECD-designated incentive areas that offer real and personal property tax exemptions for the new construction or substantial rehabilitation of facilities or portions of facilities that have been underused, abandoned, or idle one or more years. The idleness requirement varies depending on several factors, per CGS Sec. 32-9p subsections (d) and (e). The Statutes require approved North American Industrial Classification System code and/or within DECD priority economic clusters, and a capital investment that would increase the value of the real property and increase/grow the grand list, and add full time jobs for local residents and the state. Any 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. The program is for each business occupant to demonstrate a long-term commitment to its municipality. The Statutes require that each leasing agreement must include a minimum initial term of five (5) years, with option to renew for an additional five (5) years (**no less than 10 year commitment**) or an option to purchase the facility at any time after the initial five-year term, or both.



Attachment A to the Preliminary Questionnaire

From: Town of/City of _____
To: Connecticut Department of Economic and Community Development – EZ Program
Date: _____
Re: Verification of Idleness Status for business expansion project

I confirm the facility (“site”) below will be constructed or substantially renovated or expanded:

_____ CT _____

and respond to the following to comply with Connecticut General Statutes Sec. 32-9p:

Check if 6 months prior to this date tenant has average total of 5 or fewer employees: _____
Check if site idle was less than 6 months: _____ Check if site was idle 6 to 11 months: _____
Check if 6 months prior to this date tenant had average total of 6 to 20 FT workers: _____
Check if site has been idle 1 year or more: _____ -> Is this verified with the Assessor? _____
Check here if the project facility is occupied, and the site is not idle (or does not apply): _____

I attest to the accuracy of the statements above:

Signature (in front of notary): _____

Type or print official’s name and title: _____

This form was completed by which following authorized municipal official (check one):

[] Economic Development/Planning/Zoning [] Assessor [] Chief Elected Official

Acknowledgment

State of Connecticut,
County of _____

s.s. _____ (city/town)

The foregoing instrument was acknowledged before me on this (day of week) _____

(month day, year) _____, 20

by (print public official’s name, title): _____

Signature of notary public or Commissioner of the Court

My commission expires: _____