

**APPLICATION FOR
TAX AND BUSINESS INCENTIVE PROGRAM**
(Reference: Section 272-9 of Middletown Code of Ordinances)

A. NAME/LOCATION

1. Name of Business

2. Current Address

3. Phone Number

4. Address for which incentives are desired

Street

Tax Assessor's Map/Lot No(s)

Owner

Tenant

B. BUSINESS INFORMATION

1. Nature of Qualifying Business (ref. Sec. 272-9.B.)

2. National American Industry Classification System Code (NAICS) (if any):

3. Environmental History (if any):

4. Total Value of New Investment (briefly describe in terms of acquisition, new construction, rehabilitation, equipment, etc. A budget may be attached.)

5. Present and Future Anticipated Employment Levels (Including dates and skills where applicable):

6. Business Plan: Prepared: Yes _____ No _____
Attached: Yes _____ No _____

7. Affirmative Action/Hiring Statement or Plan:
Prepared: Yes _____ No _____
Attached: Yes _____ No _____

C. INCENTIVES REQUESTED

1. Tax Abatement on Real Property _____

2. Tax Abatement on Personal Property _____

3. Enterprise Zone Benefits (portions of Central Business District and North End Industrial Area only) _____

4. Manufacturer's Assistance Act _____

5. Urban Jobs Program (through CT Department of Economic Development)

6. Other Development Incentives (ref.: Sec. 272-9.H.) - specify _____

D. NOTICE TO APPLICANTS

Approval of benefits pursuant to Sec. 272-9 of the Middletown Code of Ordinances are at the sole discretion of the Common Council of the City of Middletown. Approval of benefits pursuant to the Enterprise Zone, Urban Jobs Program or Manufacturers Assistance Act is granted by the CT Department of Economic Development. The City of Middletown will, to the extent practical, assist in the State application process.

E. CERTIFICATIONS

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 program guidelines and, to the best knowledge and belief, has compiled or will be able to comply with all requirements thereof.

APPLICANT: _____ TITLE: _____
DATE: _____

NOTE: Please submit one (1) copy of the application and all attachments simultaneously to each of the following:

Mayor
City of Middletown
Mayor's Office
245 deKoven Drive - Room # 209
Middletown, CT 06457

City of Middletown
Director of the Department of Planning, Conservation and Development
245 deKoven Drive - Room # 202
Middletown, CT 06457