

PLAINVILLE ECONOMIC DEVELOPMENT AGENCY

ONE CENTRAL SQUARE, PLAINVILLE, CONNECTICUT 06062-1955

REQUEST FOR TAX INCENTIVE – REAL PROPERTY

	(signin	of Applicant: g official as authorized by arti s of Applicant:	cles of organize	ation)			
	(LLC, I	of Business: nc, Partnership, etc.) s of Business:					
5.	Tax Ide	entification Number:					
6.	. Type of Assistance Requested: (based on cost of improvements, what extent of abatement and term are you requesting)						
7.	Do You	ı or Will You:	Own	Lease	_ (check one)		
		If leasing new construction or for assistance in conjunction we the assistance passes to the end	with the owner.		•		
8.	imperat level of not incl	oject Costs: The amount of your abatement will be based on actual hard constructions costs. It is perative that you carefully estimate these costs. Failure to hit target expenditures can affect the sel of benefit you qualify for and may render any agreements void. Actual construction costs do include soft costs such as: Engineering; Architectural design; Land acquisition; Working capital entory; and, Equipment.					
	Eligible Costs:						
	A.	Renovation/"Fit-Out": (repairs/renovations/fit out)	9	\$	_•		
	B.	Site Preparation:	9	\$			
	C.	(paving/landscaping) Building Construction:	9	\$			
9.	Total C	Construction Costs:	9	\$			
10.	. Lease r	rate (if applicable):	9	\$	<u>.</u>		

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11. How many persons w	ill you employ?									
Full Time:	Existing:	Additional:	_ When?							
Part Time: I	Existing:	Additional:	_ When?							
12. Funding Sources:										
9	<u>Category</u>	<u>Amount</u>								
A		\$								
В		\$								
C		\$								
	Tota	ıl: \$								
			tal construction costs)							
•	_	_	ate sheet in the order it is							
	e the type business? (Mfg,		wing additional information:							
	new business venture for									
	C. Has the business been legally formed?									
D. Provide an itemized list of the items you wish pay for through this assistance reque										
	quantity and cost.									
E. Provide	a copy of your Lease or D	eed.								
	the square footage of the f	• •	upy?							
	. Is this a relocation of an existing business?									
_	where was the previous lo		•							
	- · · · · · · · · · · · · · · · · · · ·	_	s a high likelihood of success?							
H Explain	your marketing plan Who	o are your clients?	Will you advertise?							

- H. Explain your marketing plan. Who are your clients? Will you advertise?
- I. Is the requested assistance necessary? Why?
- J. What added benefit, economic and otherwise, will your business bring to the Town of Plainville?
- K. Do you have a Business Plan? If so, please provide copies for the Agency.

14. The following information is required:

- A. Two previous years' Federal Tax Returns (start ups excluded).
- B. Two previous years' profit and loss statement (start ups excluded).
- C. Two previous years' income statements.
- D. A completed W-9 Form.

15. Typical Terms:

- A. No tax incentive agreement shall take effect until construction is complete and the facility is occupied according to the terms of the agreement. Is a CO required?
- B. Taxes shall be fixed at a percentage of the assessed value as defined by the Plainville Tax Assessor.

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- C. The percentage of abatement shall be set by the Economic Development Agency and Plainville Town Council, but shall never exceed that allowed by State Statute.
- D. The term of the agreement shall be set by the Economic Development Agency and Plainville Town Council, but shall never exceed that allowed by State Statute.
- E. A recapture clause may be established. In the event the applicant does not fully discharge the obligations of the agreement, all funds owed shall become due upon demand by the Town of Plainville.
- F. All agreements are subject to the approval of the Town Council.

PLEASE NOTE: THERE IS NO FEE FOR THIS APPLICATION. PLEASE PROVIDE 10 COPIES OF YOUR APPLICATION MATERIALS FOR DISTRIBUTION TO THE ECONOMIC DEVELOPMENT AGENCY.

Applicant (Signing Official) Signature	 Date		
Аррисат (8	igning Official) Signature	Date		
Printed Nan	ne of Applicant	Title or Authority		
Applicant (Contact Information:			
Phone:				
Cell:				
Email:				
Owner Con	tact Information and Authorization:			
Name:	(please print)			
	\A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Owner's Si	gnature:	Date:		
Address:	g			
Phone:	Street	State 	Zip	
Cell:				
Email·				

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