## **Town of Beacon Falls Tax Incentive Program Application**

In an effort to grow its local economic base, the Town of Beacon Falls has adopted a tax incentive ordinance in accordance with the Connecticut General Statutes 12-65b and 12-65h, as amended. This ordinance establishes a tax incentive program for the Town and allows it to enter into written agreements with the owners of certain real property located in Beacon Falls in order to fix the tax assessments of real and/or personal property in the manner laid out in the ordinance.

Please fill out this application in order to be considered for these incentives. Additional information may be required as part of the Town's review process.

DATE: \_\_\_\_\_\_

Sec	ction 1. Applicant Information								
A.	Company name:								
	B. Company address (street and number, city, state, & zip code):								
C	FEIN#:								
D.	Contact name and title:								
	Contact telephone:								
	Contact email:								
	Location of project for consideration (street and number, city, state, & zip code):								
В.	Assessor's Parcel ID #:								
C. Are you or will you be the owner of the property where the project will take property of said project?									
	a. Yes b. No								
D.	Anticipated project start date, if applicable (month and year):								
	Anticipated project completion date, if applicable (month and year):								

<b>F</b>	Ple	ase indicate the use of the	real	and/or persona	al property projectfor consideration.				
	2	Office	h	Retail	c. Manufacturing				
		Warehousing, storage, or distribution		Parking	f. Information technology				
	g.	Recreation	h.	Transportation	i. Mixed-use				
	j.	Other (please explain)							
	а.	Business creation in or relo Beacon Falls	ocat	<ul> <li>Replacement, construction, expansion, or remodeling of an existing building</li> <li>Investment in new equipment or</li> </ul>					
	c.	Construction of a new buil	other personal property subject to taxation						
	e.	Other (please explain)							
н.	W	hat is the anticipated total I	mon	etary value of th	his project?				
I.	I. Is your business currently receiving benefits through the Connecticut Department of Economic and Community Development's Enterprise Corridor Zone Program for you operations located in the Town of Beacon Falls?								
	·	c. Yes			d. No				

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on 3. Ei	mployment							
ow ma	ny do you employ	today?						
	ny will you employ		roject is com	plete?				
	ny jobs will be crea							
low ma	ny jobs are retaine	d?						
low ma	ny jobs will be elin	ninated?						
	Vill new employees be hired from Beacon Falls and its surrounding towns?  a. If so, please explain:							

Section 4. Impact& Status

A.	Has fir	nancing for	this project b	een approv	ed?				
*.	a. Ye	s			b. No	-			
В.		applicant reasonabl all required	possesses the e business gr	e capital nec owth.	essary for com	pleting the pi	nstrates that the roject and ensured for this	ıring	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		Yes			b. No		÷		
	c.	None nee	ded						
c.	Have a	applications	s been made	for any othe	r forms of pub	lic assistance	?		
	c. Ye	s			d. No	-			-
	а.	If yes, plea	···					······································	_
Se	ction 5.	Affirmatio	n of Tax Payr	nents			-		
un du	I affirm that the applicant is current with all local, state, and federal tax obligations and understand that failure to have paid said taxes in a timely manner may render the application, during the course of this tax abatement, noncompliant and, therefore, ineligible for tax abatement.								
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							Sign	nature	
								Date	
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