STATE OF CONNECTICUT
Department Of Economic And Community Development
Preliminary Questionnaire to Determine eligibility
Enterprise Zone Program (EZ) Incentives

The responses to the following items are intended to provide the State with basic information concerning your business and the proposed activity to confirm if you may qualify for tax incentives as provided under Sec. 12-81(59, 12-81(60) and 12-217€ of the Connecticut General Statutes. Upon receipt and review of a completed questionnaire, a staff member will contact you to discuss the program further.

Please be advised that the completion of this form does not constitute formal application for a **CERTIFICATE OF ELIGIBILITY**, which requires more detailed information; it is intended only to allow the Department to make an initial determination concerning your proposal at the least cost in time and effort to you.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

Laure C. Aubuchon
Director
Office of Economic Development
Stamford Government Center
888 Washington Blvd. 10th Floor
Stamford, CT 06901 USA

(203) 977-5088
FAX (203) 977-5845
laubuchon@ci.stamford.ct.us

[1] LEGAL NAME AND MAILING ADDRESS OF THE BUSINESS:

_____

_____

_____

FEDERAL EMPLOYER ID# _____ **SIC/NAICS#** _____

[2] NAME, TITLE AND TELEPHONE NUMBER OF CONTACT PERSON:

_____

_____

_____

[3] **ADDRESS AND SIZE (FT2) OF THE FACILITY, OR PORTION THEREOF, TO BE OCCUPIED:**

_____
_____
_____

[4] **ACTUAL OR ANTICIPATED DATE OF OCCUPANCY OF THE FACILITY LISTED ABOVE:** _____

[5] **NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF THE OWNER OF THE FACILITY:**_____
_____
_____

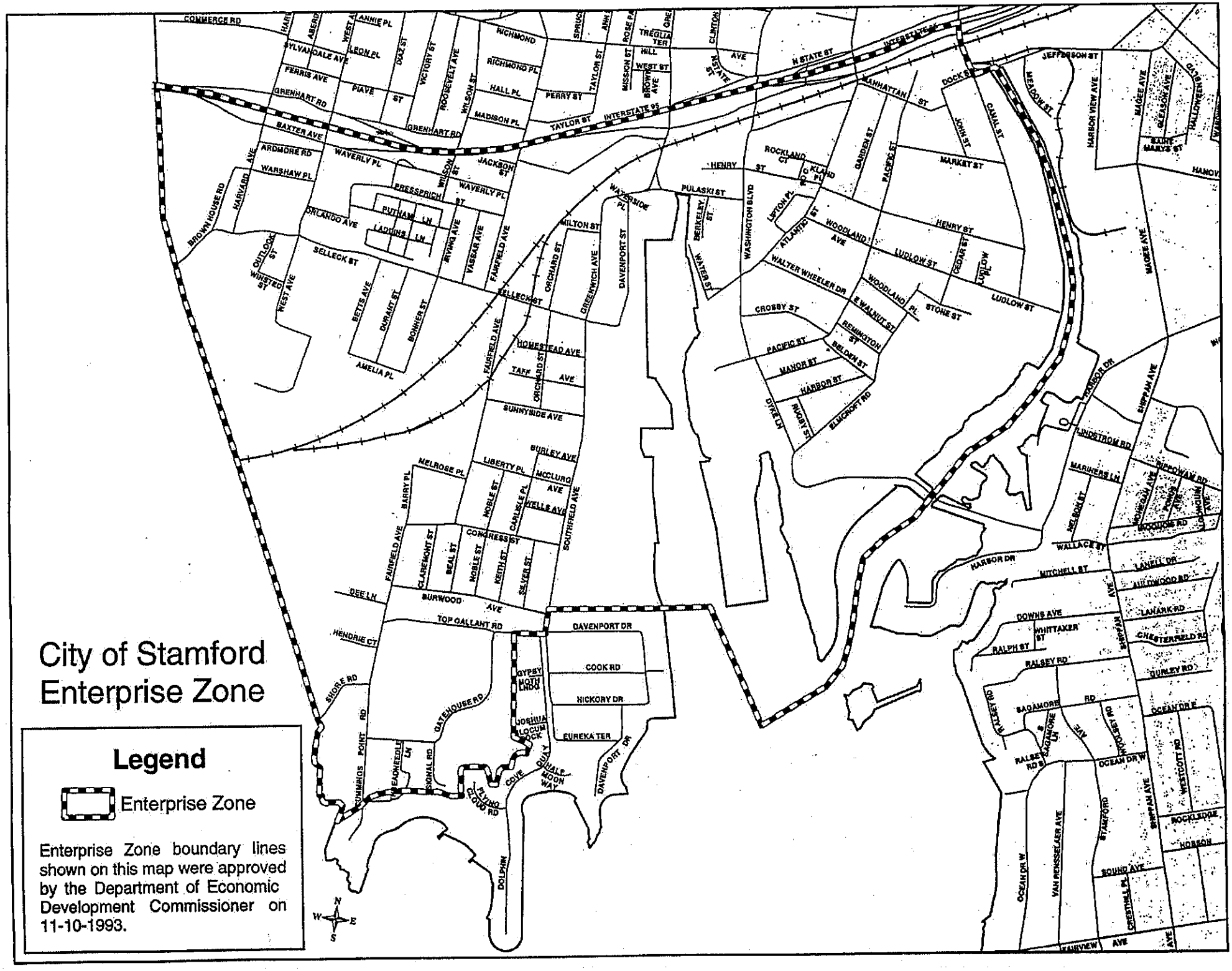
(See Notes 1 & 2 Below)

[6] **THE FACILITY WILL BE (please check each that is applicable):**

_____ Constructed _____ Expanded _____ Purchased
_____ If Acquired by Purchase of Lease after having been idle for at least one year
(Notarized proof of idleness by the Municipality will be required).

If the facility is being leased or purchased please provide the current assessed value of the space to be acquired _____.
_____Substantially Renovated
If the facility is being renovated please provide (1) the estimated cost of renovation ($_____), and (2) the current assessed valuation of the facility (prior to renovation)($_____).

[7] Briefly describe the activity or activities in which the firm noted in this questionnaire will be engaged at the location to be occupied. If the facility is to be used for the distribution of manufactured products, describe the geographic area to be served by this facility.


City of Stamford
Enterprise Zone
Legend
Enterprise Zone
Enterprise Zone boundary lines shown on this map were approved by the Department of Economic Development Commissioner on 11-10-1993.
COMMERCE RD
SYLVANDALE AVE
FERRIS AVE
GRENHART RD
BAXTER AVE
ARDMORE RD
WARSHAW PL
WAVERLY PL
PRESSPRICH ST
ORLANDO AVE
SELLECK ST
PUTNAM LN
LADDINS LN
RICHMOND
RICHMOND PL
HALL PL
MADISON PL
PERRY ST
TAYLOR ST
INTERSTATE 95
N STATE ST
WEST ST
HILL
MANHATTAN ST
DOCK ST
JEFFERSON ST
CANAL ST
MEADOW ST
HARBOR VIEW AVE
MAGEE AVE
GLEASON AVE
HALLOWEEN
SAINT MARYS ST
HANOV
MARKET ST
JOHN ST
HENRY ST
ROCKLAND CT
KLAND PL
GARDEN ST
RACEK ST
PULASKI ST
WASHINGTON BLVD
LIPTON PL
ATLANTIC ST
WOODLAND AVE
LUDLOW ST
CEDAR ST
LUDLOW PL
WALTER WHEELER DR
WOODLAND PL
STONE ST
E WALNUT ST
REMINGTON ST
BELDEN ST
CROSBY ST
PACIFIC ST
MANOR ST
HARBOR ST
ELMCROFT RD
DYKE LN
RIVOLI ST
WATERSIDE PL
BERKELEY ST
WATER ST
WILTON ST
DAVENPORT ST
GREENWICH AVE
ORCHARD ST
FAIRFIELD AVE
VASSAR AVE
RYING AVE
WILSON ST
JACKSON ST
BROWNHOUSE RD
HARVARD AVE
OUTLOOK ST
WINSTED ST
WEST AVE
BETTS AVE
DURANT ST
BONNER ST
AMELIA PL
HOMESTEAD AVE
TAFT AVE
SUNNYSIDE AVE
BURLEY AVE
LIBERTY PL
MELROSE PL
MCCLURG AVE
WELLS AVE
BARRY PL
NOBLE ST
CARLISLE PL
CONGRESS ST
CLAREMONT ST
BEAL ST
KEITH ST
SILVER ST
SOUTHFIELD AVE
DEE LN
BURWOOD AVE
TOP GALLANT RD
HENDRIE CT
DAVENPORT DR
COOK RD
HICKORY DR
EUREKA TER
GYPSY MOTH LNDG
JOSHUA LOCUM DOCK
SHORE RD
GATEHOUSE RD
CUNNIGIS POINT RD
WEAKNEEDLE LN
SIGNAL RD
FLYING CLOUD RD
COVE
QUALE
WAY
DOLPHIN
LINDSTROM RD
MARINERS LN
HIPPOWAM RD
SHIPPAN AVE
MCBOKET ST
WOODTOP RD
WALLACE ST
MITCHELL ST
LANELL DR
HUNTWOOD RD
LAHARK RD
CHESTERFIELD RD
DOWNS AVE
WHITTAKER ST
RALPH ST
RALSEY RD
DUNLEY RD
SAGAMORE RD
OCEAN DR E
OCEAN DR W
RALSEY RD S
WESTCOTT RD
ROCKLEDGE
HOBSON
STAMFORD
VAN RENSSELAER AVE
BOUND AVE
CRESTHILL PL
FAIRVIEW AVE
N

[8] Estimated number and type of new, permanent full-time employment positions to be created at the facility over the next 24 months:

_____

Current pre-project employment _____
Projected new full-time positions in the1st year_____ 2nd year_____

_____ _____
Signature of Applicant or Preparer Date

NOTES 1. 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 portion thereof, prior to its renovation.

2. A contract for lease must be for an initial minimum term of five years with an option to renew for an additional five years or the option to purchase the facility at any time after the initial five-year or both. The term of the lease as well as the idleness as well as the idle requirement may vary for facilities that are located in an Enterprise Zone.

TO: DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT

This letter is to certify that the following location in _____
(Municipality)

Has been idle, vacant or underutilized for one year:

_____

_____

_____

_____

Sincerely,

_____
Name and Title of Authorized Coordinator

Notary:

_____