

**CITY OF NEW LONDON
NEW BUSINESS RENT SUBSIDY PROGRAM
PART A – BUSINESS OWNER APPLICATION**

INSTRUCTIONS:

Complete all items carefully and accurately to the best of your knowledge and return to:

Ned Hammond
Office of Development and Planning
111 Union Street
New London, CT 06320

(Please type or print)

1. APPLICANT AND PROPERTY OWNER INFORMATION

APPLICANT'S NAME (Business Owner) _____
APPLICANT'S MAILING ADDRESS _____

TELEPHONE NUMBER(S) _____
E-MAIL _____

PROPERTY OWNER(S) NAME (Titleholder and Name of Principal Member) _____

PROPERTY OWNER(S) MAILING ADDRESS _____

TELEPHONE NUMBER(S) _____
E-MAIL _____

2. BUSINESS & FINANCIAL INFORMATION

NAME OF BUSINESS(ES) _____
BUSINESS WEBSITE ADDRESS _____
BUSINESS STREET ADDRESS (Note: only storefront locations are eligible) _____

NAME OF CONTACT PERSON _____
POSITION TITLE _____
PHONE & E-MAIL _____

TYPE OF BUSINESS (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> LLC – LIMITED LIABILITY CO. |
| <input type="checkbox"/> PARTNERSHIP NO. OF PARTNERS _____ | <input type="checkbox"/> CORPORATION |
| <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> NON-PROFIT |
| <input type="checkbox"/> START-UP | <input type="checkbox"/> EXPANSION OF EXISTING (add'l site) |
| <input type="checkbox"/> TAKE OVER OF AN EXISTING BUSINESS AND RELOCATION TO THIS SITE | |
| <input type="checkbox"/> OTHER _____ | |

WAS THIS BUSINESS PREVIOUSLY LOCATED IN NEW LONDON? YES or NO
IF **YES**, WHERE WAS THE BUSINESS LOCATED AND WHAT ARE THE REASONS FOR THE MOVE?

TYPE OF PRODUCTS OR SERVICES (Be detailed) _____

DAYS AND HOURS OF OPERATION:
DAYS OPEN _____
HOURS OPEN _____

EMPLOYMENT DATA:
FULL TIME STAFF (Include self) _____
PART TIME STAFF _____
CASUAL _____

BUSINESS OWNER'S INVESTMENT DATA:
SPACE IMPROVEMENTS \$ _____
EQUIPMENT & DISPLAY \$ _____
PRODUCT STOCK (For Opening) \$ _____
MARKETING (First 6 Months) \$ _____

SOURCES OF FUNDING:
TOTAL ESTIMATED COST TO OPEN \$ _____
FUNDS INVESTED BY OWNER \$ _____
OTHER SOURCES OF FUNDING \$ _____
NAME OF OTHER FINANCING SOURCES AND AMOUNTS (e.g. Citizens Bank - \$35,000)

FINANCIAL NEED DEMONSTRATION: Acceptance into the Rent Subsidy Program requires an acceptable explanation of financial need. Use the lines below to explain why and how the rent subsidy is an important factor in opening your business.

CREDIT HISTORY/CREDIT CHECK. A confidential reference check of the Applicant's credit history is required for assistance under this program. By checking the YES box you grant permission to perform a check of your credit history (i.e. credit report). By checking the NO box you may be refused participation in this program. Your Social Security number will be necessary for a credit check and can be supplied verbally.
 YES NO

TOTAL AMOUNT OF SQUARE FEET OCCUPIED AND LEASED BY BUSINESS _____ Sq. Ft.
TERM OF LEASE _____ yrs. TERM OPTIONS: YES _____ yrs. NO
RENTAL RATE: \$ _____ Per Month \$ _____ Per Square Foot
IDENTIFY OTHER MONTHLY CHARGES: _____
INDICATE ANY RATE INCREASES: _____

Date Received in ODP _____

Application Number _____

**CITY OF NEW LONDON
NEW BUSINESS RENT SUBSIDY PROGRAM
PART B – PROPERTY OWNER/LANDLORD APPLICATION**

INSTRUCTIONS:

Complete all items carefully and accurately to the best of your knowledge and return to:

Ned Hammond
Office of Development and Planning
111 Union Street
New London, CT 06320

(Please type or print)

1. PROPERTY OWNER/LANDLORD INFORMATION

PROPERTY OWNER(S)/LANDLORD'S NAME (Titleholder and Name of Principal Member) _____

PROPERTY OWNER(S) MAILING ADDRESS _____

TELEPHONE NUMBER(S) _____
E-MAIL _____

NAME OF BUSINESS(ES) _____
BUSINESS OWNER'S NAME (Principal) _____
BUSINESS ADDRESS (Address of leased premises) _____

DOES THE BUSINESS OWNER OR THE BUSINESS HAVE ANY RELATIONSHIP TO THE PROPERTY OWNER/LANDLORD? NO YES, Please explain

2. SITE & LEASE INFORMATION

TOTAL AMOUNT OF SQUARE FEET OCCUPIED AND LEASED BY BUSINESS _____ Sq. Ft.

TERM OF LEASE _____ yrs. TERM OPTIONS: YES _____ yrs. NO

RENTAL RATE: \$ _____ Per Month \$ _____ Per Square Foot

IDENTIFY OTHER MONTHLY CHARGES: _____

INDICATE ANY RATE INCREASES: _____

IS THE SUBJECT SPACE CURRENTLY VACANT? YES NO
HOW LONG HAS THE SPACE BEEN VACANT? _____ MONTHS

NAME OF PREVIOUS TENANT: _____
PREVIOUS RENTAL RATE : \$ _____ Per Month \$ _____ Per Square Foot

3. CERTIFICATIONS

Are all real estate and personal property taxes due the City of New London paid in full?

Subject Property: YES NO (Please explain on supplemental sheet)
Other Properties: YES NO N/A

Are all New London water and sewer bills due paid in full?

Subject Property: YES NO (Please explain on supplemental sheet)
Other Properties: YES NO N/A

Are all City Center District taxes paid to date (if applicable)?

Subject Property: YES NO (Please explain on supplemental sheet)
Other Properties: YES NO N/A

Are loans through the Revolving Loan Fund or similar City Loan Programs paid up to date?

YES NO (Please explain on supplemental sheet) N/A

Have you been cited for any existing zoning, building or property maintenance code violations that remain uncorrected?

Subject Property: YES NO (Please explain on supplemental sheet)
Other Properties: YES (Please explain) NO N/A

Are you involved in any litigation with the City of New London?

YES (Please explain on supplemental sheet)
 NO

NOTICES: If the business owner is approved for this program authorized payments will be made directly to the landlord and to the landlord's address identified on the lease. Please submit a copy of the signed lease with this application.

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

PRINTED NAME OF PROPERTY OWNER/LANDLORD

SIGNATURE

DATE