



TOWN OF WETHERSFIELD

505 Silas Deane Highway

Wethersfield, CT 06109

(860) 721-2838

Department of Planning and Economic Development

FAÇADE IMPROVEMENT PROGRAM APPLICATION

Instruction: Please complete all items carefully and accurately to the best of your knowledge.

I. OWNER INFORMATION

Property Owner(s) Name (Titleholder): _____

Owner Type: (Check One)

Individual _____

Proprietorship _____

Partnership _____

LLC _____

Corporation _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone _____

Fax _____

E-mail _____

Federal Tax Id No. _____ Business Tax Id No. _____

II. PROPERTY INFORMATION (to be given as security for Façade Loan)

Address of Subject Property: _____

Name of Current Business (es) and Business Owner (s) or Merchants (s):

Total Amount of Outstanding Debt on Subject Property:

Type	To Whom	Amount	Maturity Date
1 st Mortgage Holder			
2 nd Mortgage Holder			
Other Liens			

III. PRINCIPAL(S)/GUARANTOR INFORMATION

Name(s): _____

Address(es): _____

IV. TYPE OF IMPROVEMENTS PROPOSED:

<input type="checkbox"/> Awnings	<input type="checkbox"/> New Signs	<input type="checkbox"/> Lighting	<input type="checkbox"/> Painting
<input type="checkbox"/> Windows	<input type="checkbox"/> Doors	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Gutters
<input type="checkbox"/> Sign Removal	<input type="checkbox"/> Siding	<input type="checkbox"/> Canopy	<input type="checkbox"/> Sidewalks

Exterior _____ Other _____

Signage _____

TOTAL _____

AMOUNT OF LOAN REQUEST: _____ (Up to Maximum \$50,000)

SOURCES OF FUNDING FOR TOTAL PROJECT:

Owner: _____

Bank: _____

Other: _____

WETHERSFIELD FAÇADE LOAN: _____

Total Project Cost: _____

V. PLEASE ATTACH THE FOLLOWING AS PART OF THIS APPLICATION:

- ___ a. Description of improvements (exterior, signage) and how work will be accomplished
- ___ b. Brief company profile
- ___ c. Two years of financial statements including balance sheets and income statements or attach copies of the business income tax returns for the last two years.
- ___ d. Completed personal financial statements for the principal of the company and attach last two years of personal income tax returns.
- ___ e. Certificate of Good Standing (for corporations applying)
- ___ f. If the property owner and business owner are not the same a letter of support from the property owner is required.
- ___ g. Copy of lease for current or proposed business location
- ___ h. Resumes of principals of company
- ___ i. Estimate (and contracts, if available) for all renovations
- ___ j. Copy of deed to real property
- ___ k. Copy(s) of all mortgage on real property

ADDITIONAL DOCUMENTATION

Please submit the following items along with the application form:

- Copy of deed and mortgage documents for subject property.
- Complete the attached Tax Affidavit showing that all Town taxes due on all property owned by the same owner are paid in full and return to:
Director, Department of Planning and Economic Development
505 Silas Deane Highway
Wethersfield, CT 06109
- Copy of Certificate of Insurance on subject property.
- Copy of lease (s) between owner and merchant (s) or business person (s), if applicable.

TO BE DETERMINED LATER, If Applicable

- Evidence of pre-qualification from a Banking/Financial Institution authorizing payment of up to 50% of the total cost of construction as required by the Façade Improvement Program.
- At the time of closing, the property owner (s) shall provide a check for the matching amount, made payable to the Town of Wethersfield.

FACADE IMPROVEMENT TAX PAYMENT VERIFICATION

NAME OF BUSINESS/PROPERTY OWNER: _____

Form of Business: Sale Proprietorship _____ Partnership _____ Corporation _____ LLC _____

List the Names of the Principal (s) of the Organization:

Business/Property Owner Certification: I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the Town of Wethersfield other than that which is listed below:

	TO BE COMPLETED BY TAX COLLECTOR			
	Are Taxes Current Yes No	Amount Delinquent	Number of Tax years Delinquent	Is there a Repayment or Repayment Yes No
<u>ADDRESS: REAL PROPERTY</u>		\$ _____	- _____	
_____		\$ _____	- _____	
_____		\$ _____	- _____	
<u>MOTOR VEHICLE</u>		\$ _____	- _____	
_____		\$ _____	- _____	
_____		\$ _____	- _____	
<u>PERSONAL PROPERTY</u>		\$ _____	- _____	
(Include Latest Filed Declaration Form)		\$ _____	- _____	
_____		\$ _____	- _____	
_____		\$ _____	- _____	
AUTHORIZED SIGNATURE	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Additional Comments: </div>			

TITLE				

DATE				

_____	_____ Tax Dept. Signature Date			