

# STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT

## DISTRESSED MUNICIPALITIES - URBAN JOBS PROGRAM ANNUAL RENEWAL CERTIFICATE FOR THE GRAND LIST YEAR \_\_\_\_\_

This form must be filed with the municipal assessor by **November 1<sup>st</sup> annually**. If either the occupant of the facility or the owner of the machinery and equipment are different, a separate form must be filed by each.

**FAILURE TO FILE THIS FORM EACH YEAR BY NOVEMBER 1ST WITH THE MUNICIPAL ASSESSOR, SHALL UNDER THE PROVISIONS OF SECTION 12-81 (59), (60) AND (70) OF THE CONNECTICUT GENERAL STATUTES, CONSTITUTE A WAIVER OF THE EXEMPTION FOR THE ASSESSMENT YEAR.**

### INSTRUCTIONS

1. Print or type only. If you attached an additional sheet(s); clearly label section and question numbers
2. If the owners of the manufacturing facility, real estate and / or personal property are different, a separate form M-55 must be filed by each. All of the above certificate holders must complete Section I and IV

|  |  |  |                       |
|--|--|--|-----------------------|
| <b>SECTION I</b>   | 1. COMPANY NAME (Name Of Certificate Holder)               | 2. CERTIFICATE NO.                             | 3. DATE ISSUED<br>/ / |
|  | 4. PROPERTY LOCATION (No., Street and City or Town)        | 4a. MAILING ADDRESS (only if different from 4) |                       |
|  | 5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON THIS FORM | 6. TITLE                                       | 7. TELEPHONE NO.      |
|  | 8. AS CERTIFICATE HOLDER, I AM:                            |  |                       |
| <input type="checkbox"/> Both owner and occupant of the facility (if so, complete Sections II and III)<br><input type="checkbox"/> Owner of the Facility (if so, complete Section II and skip Section III)<br><input type="checkbox"/> Occupant of the Facility (if so, skip Section II but complete Section III)<br><input type="checkbox"/> Owner of machinery and equipment leased to the facility occupant (if so, skip Section II but complete Section III) |  |  |                       |

|                                 |  |                       |   |
|---------------------------------|--|-----------------------|---|
| <b>SECTION II REAL PROPERTY</b> | 1 Does this property continue to be engaged in a business activity approved by the Department of Economic Development as qualifying for a Property Tax Exemption? YES <input type="checkbox"/> NO <input type="checkbox"/> |                       |   |
|                                 | 2 Briefly describe the nature of this business activity.<br>.  |                       |   |
|                                 | 3 Has the building covered by this certificate undergone any structural changes between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>                    |                       | 3a. Completion Date:<br>Month _____ Year: _____ |
|                                 | 3 Specify type of structural change(s)<br>b  |                       | 3c. Total Cost<br>\$                            |
|                                 | 4 List the following: Name of Tenant:<br>.   | Sq. Ft. Area Occupied | Ending Date of Lease                            |
|                                 |  |                       |   |

|                               |   |  |   |                              |
|-------------------------------|---|--|---|------------------------------|
| SECTION III PERSONAL PROPERTY | 1   | Do you continue to engage in a business activity approved by the Department of Economic Development as qualifying for a property tax exemption? YES <input type="checkbox"/> NO <input type="checkbox"/>   |   |                              |
|                               | 2   | Briefly describe the nature of this business activity  |   |                              |
|                               | 3   | Has any machinery or equipment listed on your "Declaration of Machinery and Equipment" (Form M-47) been removed from the facility between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>                      |   |                              |
|                               | 3a  | If yes, complete the following. Item # is that number listed on the Itemized Description of Machinery and Equipment on your Declaration (Form M-47) as originally filed with and certified by the Department of Economic Development. Attach additional sheet(s) if necessary. |   |                              |
|                               | ITEM #  | DESCRIPTION OF PROPERTY  | DISPOSAL DATE                             | NAME & ADDRESS OF TRANSFEREE |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
| 4                             | Has any machinery or equipment from your "Future Acquisition Only list" (Form M-47) been acquired and installed between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |                              |
| 4a                            | If yes, complete the following. See explanation for Item # in 3a. Items not approved for this exemption by the Department of Economic Development are not to be included. Attach additional sheet(s) if necessary. <u>Important:</u> Attach copy of corresponding invoices, including the cost of freight and installation. |  |   |                              |
| ITEM #                        | DESCRIPTION OF PROPERTY   | ACQUISITION DATE   | COST (Including Freight and Installation) |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
|                               |   |  |   |                              |
| 5                             | I request that the cost information submitted herein be kept "confidential". YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |                              |
| 6                             | Is any of the machinery and equipment claimed above being claimed for an exemption for any other program? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |                              |

|                      |  |             |               |
|----------------------|--|-------------|---------------|
| SECTION IV AFFIDAVIT | I certify that I am a beneficiary under the above noted eligibility certificate as issued by the Connecticut Department of Economic Development. I hereby apply for a continuation of the property tax exemption for which I am eligible in accordance with section(s) 12-81(59), (60) and/or (70) of the Connecticut General Statutes. I further declare that I am authorized to file this form on behalf of the above named company and that information contained herein is true and complete to the best of my knowledge and belief. This form is prescribed by the Office of Policy and Management and must be signed, notarized and returned to the Assessor by November 1st. Failure to do so will result in the loss of the exemption. |             |               |
|                      | _____  | (Signature) | _____         |
|                      |  |             | (Date Signed) |
|                      | Subscribed and sworn to before me this _____ day of _____, _____   |             |               |

|                        |   |         |        |
|------------------------|---|---------|--------|
| ASSESSOR CERTIFICATION | <b><u>FOR ASSESSOR'S USE ONLY</u></b>   |         |        |
|                        | I CERTIFY THAT THE PRESCRIBED FORM WAS FILED WITH THE ASSESSOR'S OFFICE PURSUANT TO SECTION(S) 12-81 (59), (60) AND/OR (70) AND THAT A CONTINUATION OF THE DISTRESSED MUNICIPALITY EXEMPTION IS HEREBY GRANTED TO THE ABOVE NAMED COMPANY FOR THE GRAND LIST OF _____ |         |        |
|                        | _____   | _____   | _____  |
|                        | (Signature)   | (Title) | (Date) |

**EXEMPTION WILL NOT BE GRANTED UNLESS THIS FORM IS FILED WITH THE ASSESSOR ON OR BEFORE NOVEMBER 1ST ANNUALLY AS PRESCRIBED BY SECTION 12-81 (59), (60) AND (70) OF THE CONNECTICUT GENERAL STATUTES, AS AMENDED.**