



**Dry Cleaning Establishment Remediation Fund Application**

 **(for returning applicants only)**

**APPLICANT**

Applicant Name:

Applicant Mailing Address:

Telephone #: Fax #:

Email Address:

Applicant FEIN#/SS#: CT Tax Registration#:

AMOUNT REQUESTED $ PREVIOUS AWARDED AMOUNT(S) $

DRY CLEANING BUSINESS INFORMATION

Establishment/Business Name:

Establishment Address:

Telephone#: Fax #:

Establishment FEIN#/SS#: CT Tax Registration#:

APPLICANT REPRESENTATIVE INFORMATION

Representative Name: Title:

Representative Address:

Telephone #: Fax#:

Email Address:

Establishment FEIN#/SS#: CT Tax Registration#:

PROPERTY OWNER INFORMATION

Property Owner Name: Title:

Property Owner Address:

Telephone#: Fax#:

Email Address:

PROJECT INFORMATION

**Required Documents**

The following documents are required to process the application:

[ ]  Project Financing Plan & Budget

[ ]  Updated Scope of Work and/or proposals for LEP services

[ ]  Updated Cost Estimates as applicable

[ ]  Copy of last Annual Report

[ ]  Last four quarterly QP-374s (if you are a processing plant)

[ ]  Evidence of initial $10,000 co-pay

[ ]  a Department of Revenues Services Letter of Good Standing

**Certification by Applicant and Representative**

It is hereby represented by the undersigned, as an inducement to the Department of Economic & Community Development to consider the financial assistance requested herein, that to the best of my knowledge and belief, no information or data contained in the application or in the attachments are in any way false or incorrect. The undersigned agrees that the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection, and other agencies are hereby authorized now by the applicant and the representative, or anytime in the future, to give the Department of Economic & Community Development any and all information in connection with matters referred in this application, including information concerning the payment of taxes by the applicant.

**Applicant's Signature: Date:**

**Representative's Signature: Date:**

Please be sure to include all required documents and submit to DECD when notified that sufficient funding is in place to accept your application:

Dry Cleaning Establishment Remediation Fund

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Attention: Office of Brownfield Remediation and Development (OBRD)

450 Columbus Boulevard; Suite 5

Hartford, CT 06103-1843

drycleaning@ct.gov