

Connecticut Department of Energy & Environmental Protection

Applicant Background Information

Check the box by the entity which best describes the applicant and complete the requested information. **You must choose one of the following:** corporation, limited liability company, limited partnership, general partnership, voluntary association and individual or business type. Be sure to include the signatory authority or authorized representative certifying the application.

	Corporation			
	Check the box required inform	if additional sheets are necessary. If so, lab action.	el and attach addit	ional sheet(s) to this sheet with the
1.	Parent Corporation			
	Name:			
	Mailing Address:			
	City/Town:		State:	Zip Code:
	Business Phone:		ext.:	
	Contact Person:	Phone:	ext.	
	E-mail:			
2.	Subsidiary Corporation	:		
	Name:			
	Mailing Address:			
	City/Town:		State:	Zip Code:
	Business Phone:		ext.:	
	Contact Person:	Phone:	ext.	
	E-mail:			
3.	Directors:			
	Name:			
	Mailing Address:		~	
	City/Town:		State:	Zip Code:
	Business Phone:		ext.:	
	E-mail:			
4.	Officers:			
	Name:			
	Mailing Address:			
	City/Town:		State:	Zip Code:
	Business Phone:		ext.:	·
	E-mail:			

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Limited Liability Company

	Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.		
1.	List each member.		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
2.	List any manager(s) who, through the articles of organization, are vested the management of the busine property and affairs of the limited liability company.		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		

		Limited Partnership		
		Check the box if additional sheets are necessary. If sheet with the required information.	so, label and atta	ach additional sheet(s) to this
1.	Gener	ral Partners:		
	Name):		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	il:		
	Name	Σ		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
		ct Person:	Phone:	ext.
	E-mai	il:		
	Name			
		g Address:		
	City/T		State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	il:		
2.	Limite	d Partners:		
	Name	: :		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	il:		
	Name	: :		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	il:		

		General Partnership		
		Check the box if additional sheets are necessary. If s sheet with the required information.	so, label and atta	ach additional sheet(s) to this
1.	Gener	ral Partners:		
	Name	si:		
	Mailin	g Address:		1
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	l:		
	Name	ot:		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	1
	Conta	act Person:	Phone:	ext.
	E-mai	l:		
	Name			
		g Address:		1
	City/T		State:	Zip Code:
		ess Phone:	ext.:	
		act Person:	Phone:	ext.
	E-mai	l:		
	Name			
		ng Address:		
	City/T		State:	Zip Code:
		ess Phone:	ext.:	
		act Person:	Phone:	ext.
	E-mai	l:		
	Name	£		
	Mailin	g Address:		
	City/T	own:	State:	Zip Code:
	Busin	ess Phone:	ext.:	
	Conta	act Person:	Phone:	ext.
	E-mai	l:		

	_ voluntary Association			
	Check box if additional sheets are necessary. If so with the required information.	o, label and atta	ich additional sheet(s) to this sheet	
1.	List authorized persons of association or list all members	of association.		
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	E-mail:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:	Zip Code.	
	E-mail:	exi		
	E-Maii.			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:		
	E-mail:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:	<u> </u>	
	E-mail:	0 /		
	☐ Individual or Other Business Type			
	Check the box, if additional sheets are necessary. sheet with the required information.	If so, label and	I attach additional sheet(s) to this	
1.	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.:	•	
	E-mail:			
2.	State other names by which the applicant is known, include	dina hueingee n	omac	
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	Name:			