

ATTACHMENT L

APPLICANT BACKGROUND INFORMATION

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 if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

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:			

Applicant Background Information (continued)

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 business, 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:

Applicant Background Information (continued)

Limited Partnership

Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

2. Limited Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Applicant Background Information (continued)

General Partnership

Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Applicant Background Information (continued)

Voluntary Association

Check box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

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.:

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:

Individual or Other Business Type

Check the box, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. Name: **Connecticut Port Authority (CPA)**

Mailing Address: 455 Boston Post Road, Suite 204

City/Town: Old Saybrook

State: CT

Zip Code: 06475

Business Phone: 860-577-5174

ext.: N/A

E-mail: Joseph.Salvatore@CT.gov

2. State other names by which the applicant is known, including business names.

Name: