



Commonwealth of Massachusetts
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Massachusetts Vacant Storefront Program

Business Disclosures and Certification Form

This form must be completed and signed by the occupant business that is seeking a Massachusetts Vacant Storefront tax credit and submitted as part of the tax credit application.

Disclosures

Indicate if, within the past five years, the occupant business entity, or any of its officers, directors, employees, agents, or subcontractors of which the business has knowledge, has been the subject of any of the following:

(a) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law.

Yes or No

(b) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement.

Yes or No

(c) any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation.

Yes or No

If yes to any of the above, please explain and provide additional details. _____

Certification

By my signature below, I hereby certify and affirm that I have reviewed the completed application to be submitted by the municipality, the information contained therein is true, accurate and complete to the best of my knowledge, and I authorize the municipality to submit this application to the Economic Assistance Coordinating Council for "Certified Project" status to obtain tax credits from the Massachusetts Vacant Storefront Program.

As a condition to receiving tax incentives awarded under the Massachusetts Vacant Storefront Program, I acknowledge and understand the applicant business entity shall be required to authorize the Massachusetts Department of Revenue to share information with the Executive Office of Economic Development, including tax return and wage reporting information, to confirm: (a) the amount and tax year in which applicant claimed tax incentives awarded or reported recaptured credits under the Massachusetts Vacant Storefront Program; (b) fulfillment of application commitments and program requirements; or (c) sources of income and any other deductions or credits taken.

Business Name: _____

Authorized Representative: (Print Name): _____

Authorized Representative Title: _____

Signature: _____

Date: _____