



**COMMONWEALTH OF MASSACHUSETTS
 MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT
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**MASSACHUSETTS VACANT STOREFRONT PROGRAM
 ANNUAL REPORTING FORM**

*To be submitted annually by the Municipality on behalf of the Vacant Storefront Tax Award
 Recipient Business*

Business Legal Name: _____

FEIN #: _____

Address of Business Operations: _____

Business Certificate of Occupancy Date (if unavailable, please explain): _____

Business Operations Commencement Date (if unavailable, please explain): _____

Amount and Type of Employees (FT/PT): _____

Amount and Description of Recipient Investments and Improvements: _____

Municipality Contributions: _____

Landlord Contributions: _____

Amount of Vacant Storefront Tax Credits Claimed by Business: _____

By signing below, I hereby certify and affirm that I am authorized to act on behalf of the municipality and the municipality has prepared this annual report with the business recipient to ensure the information provided herein is true, accurate and complete to the best of my knowledge.

Municipality: _____

Authorized Signatory : _____

Title: _____

Date: _____