

City of West Haven 355 Main Street West Haven, Connecticut 06516

EVERY SECTION OF THIS FORM MUST BE COMPLETED							
For help completing this form	contact Senior Buyer at 2	03-937-3624					
Contractor/Vendor Name:							
DBA if Applicable							
Physical Address:		City		State		Zip	
Mailing Address:		City		State		Zip	
Contact Person:							
Telephone and/or Fax #:							
Email Address:							
For the purposes of this Disclo							
(a)	"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint						
(6)	ventures.		l	i - t -	h		,,, a, a, a,
(b)	"Contract" means any agree funds in return for work, lab						
	the foregoing, or any lease,						
	per agreement whereby the						
		otherwise grants a right of privilege to occupy or to use said property of the city.					
(c)	"City" means any official agency, board, authority, department office, or other subdivision of						
(d)	the City of West Haven.	entity listed in a	sections 0 or 10 b	elow or a	ny entity i	ınder	common
(u)	"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.						
	management mar are conta	- doton					
General Information For the purposes of this Disclosure and Certification Affidavit, being duly sworn, hereby							
deposes and says that							
State of:			County of	:			
Print Name	<u> </u>		<u>, </u>				
Print Company Title							
1.	I am over the age of 18 and understand the obligations of making statements under						
	oath; I understand that the City of West Haven relies on my representations herein.						
2.	I am the corporate secretary or majority owner (including sole proprietorship) of (Fill in						
	2a or 2b, or both if applicable)						
2a. I am the corporate		-					
secretary or majority owner							
(including sole proprietorship)							
of (Company Name):							
2b. Or I am an individual and							
my name is							
3. I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of							
all pertinent circumstances related thereto.							
			<u> </u>				



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4. Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).

none apply).		
Sub-Section 4.	Description	Mark with "X"
4a.	As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner,	
	partner, officer, authorized signatory or Affiliate Entity of the Contractor) has	
	filed a list of taxable personal property with the City of West Haven for the most	
	recent grand list and all taxes are current.	
4b.	The Contractor (including any owner, partner, officer or authorized signatory	
	thereof) is not required to file a list of taxable personal property with the City of	
	West Haven for the most recent grand list and does not owe any back taxes to	
	the City of West Haven, either directly or through a lease or other agreement.	
4c.	The Contractor or an owner, partner, officer, representative, agent or Affiliate	
	Entity of the Contractor either has a PILOT agreement with the City of West	
	Haven or (ii) owes back taxes and has executed an agreement with the City of	
	West Haven to pay said back taxes in installment payments. Such agreement is	
	attached and incorporated herein by reference and the payments under the	
	said agreement are not in default.	
4d.	Other than as may be described in section 4 above, the Contractor (including	
	any owner, partner, officer, other authorized signatory, or Affiliate Entity) does	
	not have any outstanding monetary obligations to the City of West Haven.	
Please select the applicable rep	oresentation about the Contractor's business registration:	
Sub-Section 5.	Description	Mark with "X"
5a.	Contractor is a Connecticut corporation, partnership, limited liability company	
	or sole proprietorship and its Connecticut Secretary of the State Business ID #:	
5b.	Contractor is a foreign corporation, partnership, limited liability company or	
	sole proprietorship but is registered to do business in the State of Connecticut.	
	The Contractor's Connecticut Secretary of the State Business ID #:	
Insert State Registration # if		
5a. or 5b is chosen		
5c.	Contractor is a foreign corporation, partnership, limited liability company or	
	sole proprietorship and is not registered to do business in the State of	
	Connecticut. The Contractor is registered in the State of:	
Please insert the State name		
if 5c. is chosen		



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	West Haven, Connecticut 003	10	
also affiliated with the City of West the Contractor" includes any curr board member or agent of the Cont "affiliated with the City of West Hav commissioner or any other person	ames of all persons affiliated with the Haven. For purposes of this Affidatent or former employee (including tractor, or of any subsidiary or parent yen" means any employee, agent, puserving in an official capacity for or eets if necessary (must be on compa	avit, "affiliated with the officers) of the Contractont company of the Contrublic official, board mem on behalf of the City of V	business of or or any owner, actor, and ber, Vest Haven. If
Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
of the Contractor, or an Affiliate Ent	ntracts in which either the Contractority of the Contractor provides, or had date of this disclosure. If none, state and notarized):	s provided, services or m	naterials to the
Name	Affiliation (if applicable)	Contract Number	DOB
	l nership interest in the following busi nust be on company letterhead and		ne, state none.
Organization Name	Address	Type of Ownership	Ownership Pct. %
corporation, list the names of each	ities possess an ownership interest stockholder whose shares exceed to one. Use additional sheet if necessa	wenty-five (25) percent o	of the
Name	Title	Ownership Pct. %	DOB



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10. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Trade Name	Place Of Incorporation/Registry	Principal Place of Business	

11. General Responsibility Questions, please check "Yes" or "No"				
Question	Yes	No		
Is the contractor debarred from entering any government contract?				
Found non-responsible on any government contract?				
Declared in default and/or terminated for cause?				
Determined to be ineligible to bid or propose on any contract?				
Suspended from bidding or entering any government contract?				
Received an overall unsatisfactory performance rating from any government agency on				
any contract?				
In the past five (5) years, has the vendor, any of its principal owners or officers, or				
any affiliate:				
Had any permit, license, concession, franchise or lease terminated for cause or				
revoked?				
Been disqualified for cause as a bidder on any permit, license, concession, franchise or				
lease?				
Received any OSHA citation and Notification of Penalty containing a violation classified				
as serious or willful?				
Had a government entity found a willful prevailing wage or supplemental payment				
violation?				
Had a Connecticut or Federal Labor Law violation deemed willful?				

Note: All "Yes" answers require a detailed response in a separate attachment.



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I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of all agreements the Contractor has with the City of West Haven and disqualification of the

Signature & Title of person completing this form:				
THIS FORM MUST BE NOTARIZED	NO ⁻	TARY SE	AL (if available)	
Signature of Notary:				
Subscribed and sworn to, before me on this:		Day of		20
My Commission Expires:				

This form should be mailed to or emailed to the purchasing department or included with a specific solicitation. (This form shall be updated if the Agreement contemplated hereby is not executed within six months. This form will not be accepted without being notarized.