

**DIGITAL ANIMATION PRODUCTION COMPANY CERTIFICATION APPLICATION**

Initial Filing

Annual Filing

Send completed application with attachments to: George Norfleet, Film Division Director,  
Connecticut Commission on Culture & Tourism ("CCT"), One Constitution Plaza, 2nd Floor, Hartford, CT 06103

**APPLICANT INFORMATION**

Applicant Legal Name \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website (If available) \_\_\_\_\_

Type of business entity (*partnership, corporation, etc.*) \_\_\_\_\_

Primary Contact Person \_\_\_\_\_  
(Person with whom CCT is authorized to discuss pending application)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

(Other persons with whom CCT is authorized to discuss pending application. (Use an attachment if necessary))

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**DIGITAL ANIMATION PRODUCTION ACTIVITY INFORMATION**

Provide the physical address of all studio facilities located in this state and operated by Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a **detailed** description of digital animation production activity conducted by Applicant at the state location(s) listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:** Received By \_\_\_\_\_ Date \_\_\_\_\_ App# \_\_\_\_\_

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**DIGITAL ANIMATION PRODUCTION ACTIVITY INFORMATION (CONT'D)**

Provide the physical address of all studio facilities **not** located in this state at which Applicant conducts digital animation production activity: \_\_\_\_\_

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Provide detailed description of digital animation production activities conducted by Applicant at facilities not located in this state: \_\_\_\_\_

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Provide listing (name / job title) of total number of Applicant's current full time (35 hr/wk or more) employees and facility where employed (*Attach schedules*)

Provide detailed description and locations of all business activity engaged in by Applicant other than digital animation production activity: \_\_\_\_\_

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Provide actual or estimated total annual digital animation production costs or expenses **incurred in this state** (use CCT form - Digital Production Company Itemized Cost Report)

Provide the date Applicant commenced digital animation production activity in this state: \_\_\_\_\_

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**CERTIFICATION AND REPRESENTATIONS BY APPLICANT - AFFIDAVIT**

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_, (the "Applicant") and hereby certify to the Connecticut Commission on Culture & Tourism that I am duly authorized by the Applicant. I hereby swear or affirm under penalty of law that the information contained in this Digital Animation Production Company Certification Application is true and correct according to my best knowledge and belief after a reasonable investigation of the facts and I hereby further certify that the Applicant: (Initial each line)

\_\_\_\_\_ Is exclusively engaged in digital animation production activity on an ongoing basis at the facilities listed above;

\_\_\_\_\_ Currently employs 200 or more full time (35 hr/wk or more) in Connecticut and that such full time employees are not temporary or seasonal;

\_\_\_\_\_ Is authorized to conduct business in this state by the Secretary of the State and is registered with the state Commissioner of Revenue Services (DRS);

\_\_\_\_\_ Will maintain complete books and records relating to the Applicant's costs or expenses in conducting digital animation production activity in this state in accordance with generally accepted accounting principles (GAAP) consistently applied;

\_\_\_\_\_ Does not and will not engage in digital animation production activity which requires the maintenance of records pursuant to 18 U.S.C. § 2257;

\_\_\_\_\_ Understands that the issuance of a state certified digital animation production company eligibility certificate does not guarantee the subsequent issuance by the CCT of tax credit vouchers;

\_\_\_\_\_ Agrees to permit and facilitate site visits and inspections of books and records by CCT employees and agents as may be reasonably necessary to verify the accuracy and reasonableness of the application information and ongoing business activity.

\_\_\_\_\_  
Signature of Authorized Officer of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

