

Date Received in ODP \_\_\_\_\_

Application Number \_\_\_\_\_

**CITY OF NEW LONDON  
COMMUNITY AND ECONOMIC DEVELOPMENT PROGRAM  
POP-UP MARKETPLACE PROGRAM APPLICATION**

**INSTRUCTIONS:** (Complete all items carefully and accurately to the best of your knowledge.)  
Applications shall be accepted **on a rolling basis by emailing** Elizabeth Nocera at: [enocera@newlondonct.org](mailto:enocera@newlondonct.org).

**1. APPLICANT AND OWNER INFORMATION**

Business Name \_\_\_\_\_

Business Owner's Name \_\_\_\_\_

Business Owner's Address \_\_\_\_\_

Telephone number (daytime/cell) \_\_\_\_\_ Email \_\_\_\_\_

Business Organization of Applicant:

Corporation (d/b/a) \_\_\_\_\_

Partnership \_\_\_\_\_

Sole Proprietorship

Minority Owned

Woman Owned

Owners and officers in applicant's business organization

Position Name and Address

\_\_\_\_\_

\_\_\_\_\_

Have you been cited for any existing zoning, building or property maintenance code violations that remain uncorrected?

Subject Property: Yes \_\_\_\_\_ (Please explain with attachment) No \_\_\_\_\_  
Other Properties: Yes \_\_\_\_\_ (Please explain with attachment) No \_\_\_\_\_ N/A \_\_\_\_\_

Are you or the business involved in any litigation with the City of New London?

Yes \_\_\_\_\_ (Please explain with attachment) No \_\_\_\_\_

**2. COVID FUNDING RECEIVED**

Have you applied for any Federal SBA/ or State Funding? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the current status of your loan/grant application? \_\_\_\_\_

What amount did you apply for, have been approved for or received? \_\_\_\_\_

**3. BUSINESS PLAN AND BUSINESS DESCRIPTION**

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**4. EMPLOYEE RESIDENCY**

Total number of employees \_\_\_\_\_ Number of employees residing in New London \_\_\_\_\_

**5. BUSINESS REQUIREMENTS**

Required Sq. Ft. for Business Operation \_\_\_\_\_

Have you communicated with a specific property owner or broker to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Space Needs – Be Specific (e.g., Internet, Kitchen Equipment) \_\_\_\_\_

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**6. CERTIFICATIONS**

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed grant. In addition, the applicant agrees to:

- a) Operate between Small Business Saturday & New Years. Longer is strongly encouraged and the goal of this program;
- b) Be responsible for any and all utilities required to operate the business for the full term of subject lease;
- c) Maintain personal property and liability insurance for full period of subject lease;
- d) Maintain operating hours at a minimum of M-W (owners' discretion); Th&F (4-8pm); Weekends (Noon-8pm);
- e) Acquire all applicable permits to operate subject business (e.g., zoning, building, health);
- f) Be committed to promoting Downtown;
- g) Partner up with a business development partner (e.g. SCORE, Women's Development Council, SBA);
- h) Must follow State Guidelines for COVID-19 (refer to: <https://llhd.org/information-for-regulated-establishments/>)
- i) Participate in city marketing and signage programs to promote the Pop-Up Marketplace plan.

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Print Name

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Applicant Signature

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Date

**Awardees will be notified on a rolling basis as applications are received.**