

CONNECTICUT VETERAN-OWNED MICRO BUSINESS CERTIFICATION APPLICATION

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| 1. Business Information (All Applicants Must Complete This Section) | | |
| Registered business name BYC Corp | List any "Doing Business As" names Barnyard Creative | |
| Business Primary Mailing Address 39 Aspen Wood Lane Fairfield, CT 06825 | | |
| Business Primary Street Address (if different from mailing address) | | |
| Primary Phone Number 646.641.1652 | Secondary Phone Number | E-Mail Andy@barnyardcreative.com |
| 2. Business Owner(s) Information: (If more than two owners attach additional type written sheet with information) | | |
| Business Owner's Full Name Andrew Stepan | Owner's mailing Address 39 Aspen Wood Lane Fairfield, CT 06825 | Owner's Phone & e-mail 646.641.1652 / andy@barnyardcreative.com |
| Proof of Honorable Discharge Provided <input checked="" type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____ | | |
| Business Owner's Full Name | Owner's mailing Address | Owner's Phone & e-mail |
| Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____ | | |
| 3. Percentage of Ownership: (For Each Veteran Business Owner State Name and Percentage of Ownership of Business) | | |
| Name: Andrew Stepan | Percentage of Ownership: 100% | Provide supporting documentation establishing the percentage of ownership of the business. |
| Name: _____ | Percentage of Ownership: _____ | |
| 4. Statement of Annual Income: (Micro Business Has Gross Income not Exceeding \$3 Million in most recent Fiscal Year) | | |
| Business Annual Income for fiscal Year 2021 was 450,293 | | Provide proof of annual gross income for most recent fiscal year. |
| 5. Information Verification and Acknowledgment (All Applicants Must Complete This Section) | | |
| I/We understand that this application requires supporting documentation including military, business and tax records as the means of determining eligibility for Certification as a Connecticut Veteran Owned Micro Business. Failure to provide the requested information may result in the inability to verify eligibility which will result in the denial and return of this application. By submitting this form, I/We understand that the Department of Veterans Affairs will enroll me in the Connecticut Veterans Registry in order to provide notification as to other Veteran benefits. I/We attest that the information provided in this application and attachments are true and correct to the best of my/our knowledge under penalty of law. | | |
| SIGNATURE OF APPLICANT | | SIGNATURE OF APPLICANT |
| DATE SIGNED: 1/24/23 | | DATE SIGNED: _____ |
| 6. Certification (TO BE COMPLETED BY CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS) | | |
| CERTIFICATION APPROVED <input checked="" type="checkbox"/> Certification Expires: day 25 month 5 year 2024 CERTIFICATION DENIED <input type="checkbox"/> | | |
| SIGNATURE & TITLE OF CT DVA VERIFICATION OFFICER <i>Emercy Administrative Assistant</i> | | DATE 5.25.23 |
| Reason for Ineligibility | | |
| <input type="checkbox"/> Lack of documentation – Could not verify eligibility | <input type="checkbox"/> Gross Income greater then \$3 Million. | |
| <input type="checkbox"/> Did not have qualifying military service. | <input type="checkbox"/> Business not 51% or more Veteran owned. | |
| <input type="checkbox"/> Veteran not honorably discharged. | | |