Business Improvement Grant Program Application

1. Applicant Information Name: Mailing Address: Email: Phone Number: Address of Property: _ If the applicant is not the owner of the property, Section 2 must be completed and signed by the property owner. 2. Owner of Property (if same as Applicant, read the bottom paragraph and sign below) Name: Mailing Address: Email: Phone Number: I certify that as the owner at the property located at: I agree to and authorize the Applicant to apply for a grant under the Business Improvement Grant Program and to perform the proposed work described in this application. I further certify that I am current on any and all property tax and mortgage payments. Signature of Property Owner Date Printed Name of Property Owner

3. Property Information
Address:
Date of Construction:
Use of Property:
Square Footage of Location?
If applicant is not the property owners, does applicant have a lease? YES NO
If yes, what is the expiration date of the lease?
Proposed Use of Property (if different than current use of property):
4. Project Description
Please fully describe your project. Also, please include a separate attachment(s) of any sketches, plans or other
illustrations you might have of the proposed improvements.

5. Project Cost Please provide a detailed cost breakdown of the project. Attach bids if available.		
Amount of grant funds requested:	\$	
6. Project Timeline		
Anticipated start data:	¢*	
Anticipated start date:	\$ \$	
Anticipated completion date:	\$	
The project is required to begin following noti	ice of approval and completed within 12 months of the date the	
	nt application. If circumstances occur that don't allow for the 12-	
month deadline to be met, you must notify the		
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7. Permission to Use Photographs		
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	n to use the photographs provided and those which are taken by	
	ore and after the project is completed. These photographs will be	
utilized solely for the promotion of the Busines	is improvement Grant Program.	
Signature of Applicant or	Date	
Authorized Representative		
Printed Name of Applicant or		
Authorized Representative		