



Commercial Façade Improvement Program APPLICATION FORM

Name of Business: _____

Project Address:

Address City State Zip

1. Building Owner Applicant Information: (if you own the building, complete this section)

Name

Address (if different than above) City State Zip

Daytime Phone Number Cellular/Evening Phone Number Email Address

Are you the sole owner of this property? ____ Yes ____ No (Include proof of ownership in your Application Package)

How long have you owned or been an owner at this property? _____ (Round Down in Terms of Years)

Is (Are) there an existing business(es) in operation at this address? ____ Yes ____ No

If yes, how long? _____ (Round Down in Terms of Years)

Indicate type of business: (Clothing, Dry Cleaner, Restaurant, etc.)

If yes, how many persons are currently employed? ____ Full-time ____ Part-time ____

Is your property currently insured? ____ Yes ____ No (Provide Copy of Insurance Policy(s))

