

Commercial – Industrial Storefront Enhancement Grant Application



Date: _____

Business Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Civic Address: _____

Renovation eligible to receive 50% grant funding includes the following
(check all those that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Storefront |
| <input type="checkbox"/> Entryway | <input type="checkbox"/> Awning/Canopy | <input type="checkbox"/> Exterior Architecture |
| <input type="checkbox"/> Artistic Features | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Façade Cleaning/Painting |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Reconfiguration of Interior walls, display spaces or interior window finishes to enhance the function and display of the storefront | |

Describe Your Business and Your Development in Detail:

I understand that if approved, I will need to submit invoices for 50% reimbursement within 90 days after completion of the project.

Property Owner Signature