LABRADORCITY

BARRIER-FREE BUSINESS GRANT
Application Form

PART A: DESIGN

APPLICANT INFORMATION			
Date:			
Applicant name:		Contact person:	
Mailing address:			
Telephone number:		Fax:	
Email address:			
Applicant is the:	Property owner □	Agent of the property owner □	
Property owner name:		Contact person:	
Mailing address:			
Telephone number:		Fax:	
Email address:			
PROJECT DESCRIPTION			
Street address:			
Project description:			
Corner property:	Yes □	No □	
Number of storeys:			
Current use: (Retail – Restaurant – Office – Other Commercial – Residential – Other)			
At ground floor:		Tenant:	

At second floor:		Tenant:	
At third floor:		Tenant:	

PART B: FUNDING

FUNDING REQUESTED	
Total cost of improvements:	$
Amount of funding requested:	$
PROJECT TIMELINES	
Proposed construction start date:	
Proposed completion date:	

APPLICANT DECLARATION

I understand that my submission of an application does not constitute a guarantee for funding under the Barrier-Free Business Grant. I certify that all information is true and accurate to the best of my knowledge, and if approved, work will be completed in accordance with terms and conditions of the Reimbursement Agreement entered into with the Town.

_____ _____

Applicant Signature Date

_____

Name (please print)

AUTHORIZATION FOR AGENT OF THE PROPERTY OWNER

(complete only if Applicant is not the registered Property Owner)

I/We, _____ the owner of the subject property hereby authorize _____ to act on my behalf with respect to the application.

_____ _____

Signature of Property Owner Date