



FALL RIVER COMMUNITY DEVELOPMENT AGENCY STOREFRONT IMPROVEMENT PROGRAM APPLICATION

Address of Property to Be Renovated: _____

Status of Applicant: Property Owner _____ Business Owner _____

Name of Applicant: _____

Home Address: _____

Telephone: _____

If the applicant is a **Retail Business** or **Service Business** operating at the property to be renovated, please complete the following:

Name of Business at the Property: _____

Contact Person: _____

Type of Business: _____

If the applicant is a **Leaseholder**, please complete the following:

Name of Property Owner: _____

Address of Property Owner: _____

If **Leaseholder**, the following must be signed by the property owner to demonstrate approval for the improvement indicated.

Property Owner Approval: _____ Tel: _____

Type of Improvement Proposed:

Awnings: _____

Sign Replacement: _____

Description of Improvement:

Estimated Cost of Improvements: \$ _____

Information to be included with package:

- _____ Copy of sign/awning layout required
- _____ Signed W9
- _____ Copy of Business Certificate from the IRS (if applicable)
- _____ Copy of Written Permission from Property Owner (if applicable)
- _____ Copy of Lease (if applicable)

The applicant hereby certifies that the information contained in this application and all information furnished for the development of this application is true to the best of his/her knowledge or belief. He/she also acknowledges the fact that written approval must be received from the Fall River Community Development Agency, before any work may commence.

Applicant Signature: _____ Date: _____