

FARMERSVILLE ECONOMIC DEVELOPMENT CORPORATION (4A)

FARMERSVILLE FACADE GRANT APPLICATION

Date of Application: _____, 20____

Applicant

Name: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Business Owner (if different than above):

Name: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell Phone: _____

Email Address: _____

Property Owner (if different than above):

Name: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell Phone: _____

Email Address: _____

Describe the type of improvement _____

Attach set of site plans drawn to scale and **before** photos. Note final plans drawn to scale will be required prior to final approval.

Attach one (1) estimate of the total cost of improvements. **To the best of our knowledge the above information is accurate as provided:**

Applicant:

Name (please print): _____

Signature: _____ Date: _____, 20__

Building Owner Approval of Application:

Name (please print): _____

Signature: _____ Date: _____, 20__

Please see the Façade Grant Policy and Guidelines for other required documents to be included with your application. By signature above the applicant acknowledges receipt of and agrees to abide by and be subject to the terms and conditions of the Façade Grant Policy and Guidelines.