

# Business Refurbishment Grant Application

## Applicant Information

BUSINESS NAME:	BIG LAKES COUNTY BUSINESS LICENSE #
PRIMARY CONTACT NAME(S):	SUBMISSION DATE:
MAILING ADDRESS	POSTAL CODE:
HAMLET/TOWN:	PROVINCE:
PHONE NUMBER(S)	EMAIL(S)
BUSINESS ADDRESS: (IF DIFFERENT THAN PRIMARY CONTACT)	

APPLICANT IS THE:       Owner       Tenant

## Property Owner Information

(IF APPLICANT IS NOT THE OWNER)

PRIMARY CONTACT NAME(S):	PHONE NUMBER(S):
MAILING ADDRESS	POSTAL CODE:
HAMLET:	PROVINCE:
EMAIL(S):	

## Project Outline

PROJECT TITLE: \_\_\_\_\_

TOTAL COST OF IMPROVEMENTS \$: \_\_\_\_\_ COUNTY FUNDING REQUESTED \$: \_\_\_\_\_

IS THIS PROJECT PLANNED IN       PHASES      OR AS       ONE COMPLETE PROJECT?

PROJECT SCHEDULE:      START DATE: \_\_\_\_\_ PROPOSED END DATE: \_\_\_\_\_



PROJECT DESCRIPTION: (PLEASE ATTACH ADDITIONAL PAGES AS NEEDED)

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## Documentation

PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO YOUR APPLICATION:

- BEFORE PICTURES OF PROJECT
- QUOTES FOR PROJECT (AMOUNTING TO \$5,000 OR MORE)

## Agreement

I/We understand that:

1. The grant shall be used only for those purposes as outlined in Business Refurbishment Program Policy.
2. I understand my submission of an application does not constitute a guarantee for funding under the Business Refurbishment Program. I certify all information is true and accurate to the best of my knowledge.
3. Grant funds not expended for the purposes for which they were provided shall be returned to Big Lakes County.
4. The property owner has provided authorization to complete the Improvements as submitted. That authorization is provided in my attached project details. (If applicant is tenant)
5. Personal information collected in this application form is confidential & collected for the purpose of administrating the Business Refurbishment Program and to maintain communications as considered necessary.
6. The application will be reviewed by the Planning & Development department to ensure compliance with Big Lakes County's land use bylaw.
7. The name & location of the buildings and facade improvement designs may be released to various organizations, the media & the public, insofar that the building received approval under the Business Refurbishment Program.
8. The application must adhere to the criteria and design guidelines and laid out in the Business Refurbishment Program package.
9. Declaration of Financial Contact: the person responsible for finances must complete the following:

I \_\_\_\_\_, \_\_\_\_\_  
 (PRINT NAME) (PRINT OFFICIAL POSITION)

Solemnly declare to take full responsibility for receiving and facilitating disbursement of monies received from the County, in response to this application, of which this statement forms a part.

Declared on this day/month/year: \_\_\_\_\_

SIGNED: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

