

## CITY OF ERLANGER ECONOMIC INCENTIVE AND GRANT FOR SMALL BUSINESSES

The Economic Incentive and Grant for Small Businesses is available to certain qualified City of Erlanger small businesses who are proposing to make capital improvements to their buildings including facade and exterior improvements. The information requested in this application is necessary for a determination of the qualification of the business for this economic incentive.

Any changes in the information provided by the business owner applicant in this application could disqualify the business applicant from the economic incentive and grant. Please communicate all proposed and actual changes in the information provided in this application to the Erlanger Director of Economic Development immediately.

Fill in all blanks on this application using "not applicable" where necessary. If more space is needed, please use a separate sheet. Please submit all incentive applications to: Emi Randall, Director of Economic Development, 505 Commonwealth Avenue, Erlanger, Kentucky 41018. For questions, please contact Mrs. Randall at 859-727-7995 or <u>emi.randall@cityoferlanger.com</u>.

# **APPLICATION FORM**

#### 1.0 BUSINESS APPLICANT INFORMATION

Name:		
Address:		
Phone No:	Fax:	E-mail:
2.0 BUSINESS INFORMA	ATION	
Business Name of Busin	ness Applicant:	
Local Address:		
Home OfficeAddress:		
Name of Local Contact Person:		Title:
Local Contact Phone No	o:Fax:	E-mail:
Name of Home Office (	Contact Person:	Title:
Home Office Phone No	:Fax:_	E-Mail:
Employer Tax Identific	ation Number (TIN):	

Please provide documentation of the organizational structure and description of the history of the business.

What is the total annual payroll of the business? \$\_\_\_\_\_

Please provide, on a separate sheet, proof of ownership of the business.

Has the business applicant or anybody with more than a 10% ownership interest therein or any officer or supervisor thereof ever been charged with any criminal offense involving moral turpitude or with a penalty of imprisonment?

\_\_\_\_\_YES\_\_\_\_NO. If yes, please furnish details on a separate sheet.

Has the business applicant or anybody with more than a 10% ownership interest therein or any officer or supervisor thereof ever been denied a business related license or had it suspended or revoked by any governmental agency?

YES \_\_\_\_\_ NO. If yes, please furnish details on a separate sheet.

Is the business applicant in good standing with its City State Occupational License and with the Secretary of State?

YES \_\_\_\_\_ NO. Please furnish proof on a separate sheet.

## 3.0 BUSINESS PROJECT INFORMATION

Please provide, on a separate sheet, an accurate description of the proposed improvements proposed for the business.

What is the anticipated cost of the proposed improvement? \$\_\_\_\_\_

What is the dollar amount being requested? \$\_\_\_\_\_

What is the estimated start date for the proposed improvements?

What is the estimated end date for the proposed improvement?

## 4.0 BENEFITS TO THE CITY FROM THE BUSINESS IMPROVEMENTS

Please provide how the improvement to the business meets any of the following factors:

Directly increase future revenue/job creation in the City of Erlanger

Significantly decrease blight within the City of Erlanger

The business aesthetics and structural improvements will significantly increase the property tax value

#### 5.0 Ordinance No.

The business applicant hereby acknowledges and represents to The City of Erlanger that the copy of Erlanger Ordinance No. \_\_\_\_\_\_ attached to this application has been read and understood by the business applicant. The business applicant hereby agrees: (a) to comply with the provisions of the ordinance; and, (b) upon any default to the ordinance or application therein by the business applicant, the approval of the Economic Incentive and Grant For Small Businesses shall be terminated by Erlanger; and, (c) upon such termination, the business applicant shall refund to Erlanger any funds received by the business.

#### 6.0 CERTIFICATION OF APPLICATION

The person completing this application, having been duly cautioned and sworn to the truth, hereby acknowledges and represents under the penalties of perjury that the information provided in this application is accurate and true to the best of his or her knowledge, information and belief.

SIGNATURE\_\_\_\_\_

NAME (PRINT)\_\_\_\_\_

TITLE

DATE\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_