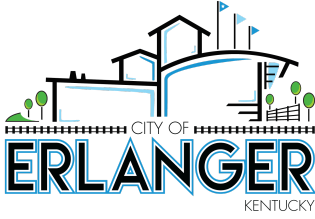


**CITY OF ERLANGER ECONOMIC INCENTIVE
AND GRANT FOR SMALL BUSINESSES**



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: Mark Collier, Director of Economic Development, 505 Commonwealth Avenue, Erlanger, Kentucky 41018. For questions, please contact Mr. Collier at 859-727-7995 or Mark.Collier@cityoferlanger.com.

APPLICATION FORM

The business applicant may be either the building owner with a business tenant or a tenant business within the City. The applicant must be the party responsible for funding and maintaining the proposed project improvements.

1.0 BUILDING OWNER INFORMATION

Company Name: _____

Name of Local Contact Person: _____ Title: _____

Address: _____

Phone No: _____ Fax: _____ E-mail: _____

2.0 APPLICANT BUSINESS ENTITY INFORMATION (PARTY RESPONSIBLE FOR IMPROVEMENTS)

Business Applicant: _____

Erlanger Local Address: _____

Name of Local Contact Person: _____ Title: _____

Local Contact Phone No: _____ Fax: _____ E-mail: _____

Home Office Address (if different) : _____

Name of Home Office Contact Person: _____ Title: _____

3.0 PROPOSED PROJECT INFORMATION

Please provide an accurate description below (or on a separate sheet) of the proposed improvements for the building. **Please attach a formal cost estimate from a contractor or cost estimate for the purchase of materials** (if work will be performed by the applicant) along with application submission.

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

What is the dollar amount being requested (50%, up to \$10,000)? \$ _____

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 circle yes or no for each project impact factor below. For each impact circled, briefly describe how the improvement will accomplish that impact.

YES/NO Directly increase future revenue/job creation in the City of Erlanger

YES/NO Significantly decrease blight within the City of Erlanger

YES/NO The business aesthetics and structural improvements will significantly increase the property tax value

5.0 Review of Ordinance No. 2519

The business applicant hereby acknowledges and represents to The City of Erlanger that the copy of Erlanger Ordinance No. 2519 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.

SIGNATURE _____

NAME (PRINT) _____

TITLE _____

DATE _____

6.0 CERTIFICATION OF APPLICATION

The person completing this application hereby certified that they are a named representative or officer who is authorized to submit this application for funding on behalf of the business entity. In addition, 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 _____