



505 Commonwealth Avenue Erlanger, KY 859-727-2525

City of Erlanger Economic Incentive and Grant for Small Businesses

The CAP incentive is available to certain qualified businesses located in the Residential to Office Conversion Zone and the Mixed-Use Zone to promote job creation and capital improvements in the Commonwealth Avenue area. 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: 505 Commonwealth Avenue ATTN: Nick Eads Director of Economic Development, Erlanger, Kentucky 41018.

APPLICATION FORM

APPLICANT INFORMATION (BUILDING OWNER OR BUSINESS TENANT PROPOSING IMPROVEMENTS)

Name: _____

Address: _____

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

Is the applicant the building owner (yes/no) or building tenant (yes/no)

Does the building currently have a business occupant? (yes/no)

If the applicant is a tenant, please provide a copy of the lease agreement and a letter of approval from the landlord for the proposed building improvements. If the applicant is the building owner, please provide a copy of the deed.

Please include a copy of the federal W-9 form for the applicant entity.

BUSINESS INFORMATION (BUSINESS OCCUPYING BUILDING TO BE IMPROVED)

Business Name of Business Applicant: _____

Local Address: _____

Home Office Address: _____

Name of Local Contact Person: _____ Title: _____

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

Name of Home Office Contact Person: _____ Title: _____

Home Office Phone No: _____ Fax: _____ E-Mail: _____

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Employer Tax Identification Number (TIN):_____

On a separate piece of paper, please provide a description of the business operation to occupy the building.

What is the estimated or actual total annual payroll of the business? \$_____

How many people are employed full time by your business? _____

How many people are employed part time by your 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; please furnish details on a separate sheet. No

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; please furnish details on a separate sheet. No

Is the business applicant in good standing with its City and State Occupational License and with the Secretary of State? Yes No

Please provide a copy of each.

Was the business impacted by the COVID 19 Pandemic? Examples of impacts would include mandatory shut down periods, capacity restrictions and loss of revenue.

Yes; please describe impacts on a separate sheet. No

PROPOSED PROJECT INFORMATION

Please provide, on a separate sheet, a detailed description of the proposed improvements proposed for the building to be included in the project costs.

Any plans or drawings available should be provided. 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? _____

RESIDENTIAL STATUS

Does the building currently house residential tenants? _____ (yes/no)

If yes, will the residential tenants remain on the property after occupancy by the business enterprise? _____ (yes/no)

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 CAP Incentive and Grant shall be terminated by Erlanger; and, (c) upon such termination, the business applicant shall refund to Erlanger any funds received by the business.

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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_____