1. APPLICANT INFORMATION	J			
Applicant Name:				
Name of Business (if different):				
Business Mailing Address:				
Primary Contact:	Title:			
Telephone Number:	Secondary Telephone:			
Email Address: The Town of Rome City will use grant process.	this email addre	ess as the m	nain po	pint of communication during the
Date Business Started:	Number of Years at Present Address:			
Business Ownership: Sole Proprie	torship Partners	ship Corp	oration	Other (Specify)
2. PROPERTY OWNER INFO	RMATION			
Name of Property Owner:				
Mailing Address:				
Telephone Number:				
Email Address:				
3. PROPERTY PROFLE				
Location of Property Requesting I	Facade Improvem			
Street Address:		Township:		
Taxing District Number:		Tax Parcel Number:		
What is the True Value of the pro- Assessor:	perty, as determin	ned by curre	ent rec	ords of the Noble County
Real Estate Taxes Paid/Yr.: \$		Applicant: Owns or Leases Engineer/Contractor		
If Leased Identify Term of Lease (Attach Copy of Lease)	and Lessee Inform	nation:		
Name of Lessee:		i i	Lease Term	
Name of Lessee 2 (If applicable):			Lease Term	
Square Feet of Building:	% of Building Use for Commercial Purposes:			Year Building Constructed:
Is the owner of the property partic		Yes		
Economic Incentives through the Town of Rome City?				

Please list Economic Incentives:						
Briefly describe the type of business operation(s) presently housed in the building:						
What is the current number	oer of	full-time and part-ti	me employees?			
Will the planned building many will be full-time an				new jobs? If yes,	, identify how	
Are you aware of any historical or architectural significance associated with the building? If yes, please explain.						
Project Costs	Buil	ding Exterior Renov	ations			
	Oth	er Associated Project				
:		Total				
	Beg	gin Improvements (MM/DD/YY)				
:	Con	nplete Improvements (MM/DD/YY)				
	Occ	upancy/Start-up (MM/DD/YY)				
4. PROJECT FINANCING						
Financing Request Breakdown	Requested Facade Improvement Grant Amount					
(Provide Names)	Bank Loan					
	SBA Loan					
	Other					
	Owner Equity					
	Total					
5. EXISTNG LOANS	DEF	BTS ON BUSINES	S/PROPERTY*			
Name & Address of Lender		Original Amount of Loan/Debt	Unpaid Loan/Debt	Monthly Payment	Date Loan/Debt Matures	

6, APPLICATION CERTIFIC	CATION:			
The undersigned certified that to this loan application and in the a correct. The undersigned agrees material changes. It is further ag the undersigned will pay or reim review, appraisals, etc. performe agrees to furnish any additional request.	ccompanying statements and to notify the Town of Rome (reed that whether or not the gburse the Town of Rome Cityd by the Town with the conse	documents is tru City Grant Admir crant is herein app of for costs, if any ent of the applica	e, complete and nistrator of any blied for is approved, , of surveys, credit nt. The applicant	
7. SIGNATURE/DATES:				
Applicant's Signature:	Title:	Title:		
Printed Name:	Printed Name:			
APPLICATION NOTARIZATION  The above information and attace in compliance with the Town of	• •		true and correct, and  Date	
	Print Name and	d Title		
STATE OF NDIANA	ss•.			
COUNTY OF Noble				
Before me, the undersigned, a N  person acknowledged the execution of the	ally appeared:		and	

	— Notary	— Public
Resident of:	<u> </u>	
Commission Expires:		