

<b>1. APPLICANT INFORMATION</b>		
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 this email address as the main point of communication during the grant process.		
Date Business Started:	Number of Years at Present Address:	
Business Ownership: Sole Proprietorship Partnership Corporation Other (Specify)		
<b>2. PROPERTY OWNER INFORMATION</b>		
Name of Property Owner:		
Mailing Address:		
Telephone Number:		
Email Address:		
<b>3. PROPERTY PROFILE</b>		
Location of Property Requesting Facade Improvement Grant:		
Street Address:	Township:	
Taxing District Number:	Tax Parcel Number:	
What is the True Value of the property, as determined by current records of the Noble County Assessor:		
Real Estate Taxes Paid/Yr.: \$	Applicant: Owns or Leases Engineer/Contractor	
If Leased Identify Term of Lease and Lessee Information: (Attach Copy of Lease)		
Name of Lessee:	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 participating in any other Economic Incentives through the Town of Rome City?	Yes NO	

Please list Economic Incentives:				
Briefly describe the type of business operation(s) presently housed in the building:				
What is the current number of full-time and part-time employees?				
Will the planned building improvements result in the creation of any new jobs? If yes, identify how many will be full-time and how many will be part-time.				
Are you aware of any historical or architectural significance associated with the building? If yes, please explain.				
Project Costs	Building Exterior Renovations			
	Other Associated Project Costs*			
	Total			
	Begin Improvements (MM/DD/YY)			
	Complete Improvements (MM/DD/YY)			
	Occupancy/Start-up (MM/DD/YY)			
<b>4. PROJECT FINANCING</b>				
Financing Request Breakdown (Provide Names)	Requested Facade Improvement Grant Amount			
	Bank Loan			
	SBA Loan			
	Other			
	Owner Equity			
	Total			
<b>5. EXISTNG LOANS/DEBTS ON BUSINESS/PROPERTY*</b>				
Name & Address of Lender	Original Amount of Loan/Debt	Unpaid Loan/Debt	Monthly Payment	Date Loan/Debt Matures



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

Resident of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_