Downtown Jamaica Storefront Improvement Program

Application

| TO APPLY |
|---|
| Complete the application form. Do not leave any sections blank. If you are a business owner, ask your landlord to sign the property owner statement of support. |
| Attach at least one picture of the entire building façade. |
| Attach at least 2 estimates for all the improvements in your proposed project. All contractors must be licensed and insured. |
| Submit all of the above materials to <u>storefronts@sbs.nyc.gov</u> on or before July 11, 2019. |
| APPLICANT INFORMATION |
| I am a: Property Owner Business Owner Both |
| Applicant Name Phone |
| Email Mailing Address |
| How do you prefer we contact you? Email Text Phone Fax |
| ► PROPERTY INFORMATION Property Address Legal Property Owner Property Owner Mailing Address |
| Phone Email |
| Building lot frontageI don't know |
| If you are the property owner, list all commercial tenants at the above address & their lease expiration dates |
| ► BUSINESS INFORMATION (for business owner applicants) |
| Business Name Type of Business |
| EIN Business Address |
| Years in business at this address Commercial lease expiration date |
| Years in business in Downtown Jamaica |
| Number of employees: Full-Time Part-Time Square footage of retail space |
| What type of security device(s) do you use? |
| Solid Gate Open-Grille Gate Security Camera(s) None |

| | . You will be responsible for paying t fter project completion, up to the maxim | the total cost of the project upfront and working grant amount. |
|---|---|---|
| Construction is expected to begin | in Fall 2019. When are you prepared to | begin construction on your project? |
| Immediately 1 month | 1-3 months Other | |
| | red to invest in your project?: \$ | |
| Cash on hand | vill be used to pay for the proposed im Jamaica Storefront Quick I Only requires: Bank state | |
| Bank Loan Business line of credit | | |
| PROJECT VISION Please indicate which eligible in | nprovements you wish to make: | |
| Façade restoration (cornice masonry work, brick pointing | ng) | iting installation |
| New storefront sign and av | | replacement |
| Open-grille security gates Storefront framing & windo | | or improvements (be specific) |
| Please describe your proposed portions of the building will be r | project. Include specific improvemen eplaced or repaired: | ts, such as what materials or |
| I am interested in receiving | g free design assistance from the pro | gram architect. |
| have read and understood the pr completing work that is in keepin the total cost of improvements up | g to participate in the Downtown Jamaica rogram guidelines. If selected, I agree to fo g with the stated requirements. I understa ofront and will be reimbursed after my proj ent with the New York City Business Assis | ollow the outlined grant process, and that I will be responsible for paying ject is completed. If selected to |
| Applicant Name: | Signature: | Date: |
| I am the owner of the property description of the proposed store | of support (for business owner applicated atefront improvement project and consent to the Downtown Jamaica Storefront Improvement | I have read the above the completion of the project by the |
| | Signature: | - |
| | - | |

► CAPACITY