

DOWNTOWN WOBURN STOREFRONT FAÇADE LOAN AND SIGNAGE IMPROVEMENT GRANT PROGRAM

FUNDING APPLICATION

APPLICANT AND BUSINESS INFORMATION					
Applicant's Name:			Telephone #:		
Name of Business:			Tax Identification #:		
Location (address) of business:			Mailing Address (if different from business address):		
City:	State:	Zip Code:	City:	State:	Zip Code:
WOBURN	MA	01801			
Email Address:					
Please check one: <input type="radio"/> Sole Proprietorship <input type="radio"/> Individuals <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Non-Profit <input type="radio"/> S Corporation <input type="radio"/> C Corporation					
Type of Business: <input type="radio"/> Retailer <input type="radio"/> Service <input type="radio"/> Wholesaler/Distributor <input type="radio"/> Other (please specify): _____					
Yr. Established:	Current # of Employees:		Expect to hire new employees w/in next 5 yrs? <input type="radio"/> Yes <input type="radio"/> No If yes, how many? _____		
APPLICANT'S RELATIONSHIP TO PROPERTY					
<input type="radio"/> Owner: Attach copy of Municipal Lien Certificate <input type="radio"/> Tenant: Attach copies of (a) your Woburn Business Certificate and/or Certificate of Good Standing (if applicable), (b) written permission of building owner to participate in the Façade and/or Signage Program, and (c) building owner's approval of the proposed improvements (include expiration date of current lease as well)					

FUNDING REQUEST

Funding Amount Requested:
\$ _____

Funding Request is for a sign grant Yes No
Funding Request is for a façade loan Yes No

Purpose of loan/grant (List and describe all work tasks included in the funding request)

IF YOU INTEND TO APPLY FOR CREDIT JOINTLY PLEASE INITIAL HERE:

Applicant

Co-applicant

By executing and submitting this application the applicant(s) hereby acknowledges that the information contained in this application is provided in order to induce the WRA to extend credit or provide grant funding to the business or property owner. The applicant(s) acknowledges and understands that the WRA is relying on the information provided in this application in deciding whether to provide such funding. The applicant(s) represents, warrants, and certifies that the information provided in the application is true, correct and complete, and agrees to notify the WRA immediately of any materially adverse change in any of the information contained in this application, or in the applicant(s) or any proposed guarantor's, financial condition. Submittal of this applicant authorizes the WRA to make all inquiries it deems necessary to verify the accuracy of the information contained herein, and authorizes any person or credit reporting agency to disclose to the WRA any and all information it may have regarding the applicant(s) financial status. The applicant(s) understand that the WRA may request additional information in order to make a decision on this application.

Applicant Signature

Title

Date

Co-applicant Signature

Title

Date

PROJECT ZONING / CODE REVIEW

I have reviewed plans or discussed the proposed project with the applicant and have determined that the proposed work either meets applicable State Building Code and/or Woburn zoning requirements or has obtained the required relief.

Thomas C. Quinn, Building Commissioner

Date

FORM 1

TENANT PERMISSION TO PARTICIPATE IN FAÇADE/SIGNAGE IMPROVEMENT PROGRAM

I, _____ (Authorized Landlord Representative), _____ (Landlord Mailing Address), hereby authorize _____ (Tenant Representative/Participant), representing _____ (Business Name), located at _____ (Business Address), to apply for funding and to perform the work included in the application, submitted in connection with the Woburn Façade/Signage Improvement Program.

The work as I understand it is to _____

_____ (e.g. purchase and install a new sign on the front façade of the building)

_____ (Authorized Landlord Signature)