

**RETAIL BUSINESS GRANT PROGRAM  
APPLICATION**

1. A. Building Address: \_\_\_\_\_

B. Property Identification Number: \_\_\_\_\_

2. A. Business Owners Name: \_\_\_\_\_

B. Business Owners Address: \_\_\_\_\_

C. Business Owners Phone (daytime): (\_\_\_\_\_) \_\_\_\_\_

D. Business Owners Email: \_\_\_\_\_

3. A. Property Owners Name: \_\_\_\_\_

B. Property Owners Address: \_\_\_\_\_

C. Property Owners Phone (daytime): (\_\_\_\_\_) \_\_\_\_\_

3. Lease Terms: \_\_\_\_\_

4. Description of Business (use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Proposed Improvements associated with the project (use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Plans/Drawings prepared by:

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_  
\_\_\_\_\_

C. Phone (day time): \_\_\_\_\_

D. Estimated Cost of the project: \$ \_\_\_\_\_

7. Statement of Understanding.

A. The applicant (undersigned) agrees to comply with the guidelines and procedures of the Retail Business Grant Program and the specific design recommendations and conditions of approval as set forth by the Village.

B. The applicant must submit detailed cost documentation, copies of building permits, and all contractors' waivers of lien upon completion of work.

C. The applicant, owners, and all contractors associated with the applicable project must comply with all federal and local regulations.

Business Owner Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Return application to:

Village of Lombard  
Community Development Department  
255 E. Wilson Ave., Lombard, IL 60148