

Winchester EDA
Business Development Grant
For Vacant Properties

APPLICATION

Date of Application: _____

I. APPLICANT/COMPANY INFORMATION

1. Name of Applicant/Company: _____

2. Owner's Name: _____

3. Owner's Signature: _____

4. Owner's Address: _____

5. Phone Number: (_____) _____ - _____

6. Cell Phone Number: (_____) _____ - _____

7. Street address, and tax parcel number of subject property:

8. Nature of Project (describe improvements and proposed Use):

9. Verification of Construction (rehabilitation cost, copy of contract or invoices):

10. Building square footage (heated): _____

11. List of businesses to be located in the building (list must be updated annually):

12. Are any of these businesses currently located in the City of Winchester? _____

If so, is this a relocation or expansion? _____

13. Does your contractor have a Winchester business license? _____

14. Date the building was vacated: _____

15. Date the building will be reopened for business: _____

II. ACKNOWLEDGEMENTS

The applicant/owner hereby certifies that the information submitted in the application is accurate to the best of his/her knowledge:

Applicant's Signature: _____

Applicant's Title: _____ Date: _____

(If project is deemed eligible for the incentive you will be notified as soon as this determination is made by the EDA. However, reimbursement amounts can not be determined until the close of the fiscal year of which time you will be required to submit proof of payment of all business taxes for which you seek reimbursement.)