

Façade Improvement Program (FIP) Fund Application

(Circle one) **Loan / Grant**

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Phone: _____

Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation

Date Established: _____ SIC CODE: _____

Employer's Federal Identification Number: _____

Name of Owner #1

Name of Owner #2

Percentage Owned _____%

Percentage Owned _____%

Home Address

Home Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

FINANCIAL INFORMATION

Amount: \$ _____

Term Requested (If Loan): \$ _____

Job Creation: _____

Private Investment: \$ _____