



City of South Gate

**COMMERCIAL FACADE IMPROVEMENT
PROGRAM APPLICATION**

PLEASE READ INSTRUCTIONS CAREFULLY

The following information is necessary for all applications. Failure to provide accurate and complete information will delay review. All information on each proposal will be kept confidential. Please submit one form for each property you wish to rehabilitate.

<u>FOR STAFF USE ONLY</u>	
Accepted by: _____	Date: _____

1. Property Description		
Address(es) of Commercial Property to be Rehabilitated:		
Business Name:		
Business Type:	<input type="checkbox"/> <input type="checkbox"/>	
The property that I am applying for is:	<input type="checkbox"/> Tenant-Occupied <input type="checkbox"/> Owner-Occupied	
Business License Certificate Number:		
Does your business have any code violations pending with the City?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please list violations: _____ _____	
2. Applicant Information		
Applicant Type, check all that apply:	<input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner	
Name:		
Address:		
City:	State:	Zip:
Business Phone Number:	Cell:	
E-mail:		
3. Property Owner – Name as it appears on Deed/Title Documents		
Name:	Phone:	
Address:		
City:	Zip:	E-Mail:

4. Façade and Rehabilitation Work Proposed

Please indicate what improvements you wish to make to the exterior of your storefront (or street-facing façade):

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Other _____ |

Note: The City will not pay for work that has been completed prior to application and grant approval.

5. Matching Grant Allocation Request

The program requires applicants to provide a 20% fund match of the total grant allocation.

Grant Amount Requested: \$ _____ The maximum grant is \$30,000.

Match to be Contributed: \$ _____ 20% match of grant request is required to receive assistance.

6. Certificates

The applicant certifies that:

- He/she has read the Program Guidelines and fully understands the content;
- The date and exhibits contained in this application and proposal are true, correct and complete.
- The applicant understands that the applications are being a come, first serve basis and that there can be no more than one application accepted per building.

Print Name of Applicant/Business Owner:

Signature of Applicant/Business Owner:

Date:

Print Name of Property Owner:

Signature of Property Owner:

Date:

Attach the following documents to the application. Incomplete applications will not be accepted.

- Evidence of business ownership (e.g. lease or grant deed)
- Evidence of property and fire insurance.
- Color photographs of the storefront - include all sides of the building and property.
- Proof of Funds to Contribute 20% Match – most recent bank statement.

Mail your application package to:

City of South Gate
 Attention: Commercial Façade Improvement Prog.
 8650 California Avenue
 South Gate, CA 90280