



City of South Milwaukee Storefront Activation Grant Application

Application # _____

Date Received _____

Property Address:

SECTION 1: Property Owner Information

Name (include Legal and Individual names)

Mailing Address (not business/no PO Box)	City/State/Zip
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Email	Phone #
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SECTION 2: Business Information (If Applicable)

Name of Business	Contact Name
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Legal Name (if different)

Mailing Address (No PO Box)

Email	Phone #
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SECTION 3: Project Information

Total Project Cost Estimate: \$	Grant request: \$	Business Space Area Total Square Feet
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Describe project

Estimated Start Date:	Estimated Completion Date:
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SECTION 4: Submittal Requirements

- Two qualified contractor bids and costs by category for eligible grant items
- Digital photographs of project area
- Drawings or modified photographs showing improvements (where applicable)
- Copy of business lease (where applicable)
- W-9 of applicant
- A copy of the business owner Identification Card

SECTION 5: Property Owner Signature

I agree to lease the space to a business that is open to the public for a minimum of 25 hours per week.

I agree that as the property owner, I will enter into a Storefront Activation Agreement with the City of South Milwaukee that may include a business owner where a lease has been secured.

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of the permit application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation.

I acknowledge that the City reserves the right to require additional information if requested. I acknowledge that I have reviewed the Program Guidelines and agree to follow those guidelines and applicable governing standards. I acknowledge the City shall not be party to, nor accused of, nor be held liable for any legal or financial disputes that may result from any occurrence in connection with this grant.

Property Owner Print Name:	Date:
Property Owner Signature:	
Contact Information for Owners Rep:	
Submit application to: elang@smwi.org	OFFICE USE ONLY
Or Provide to: City of South Milwaukee Attn: Economic Development 2424 15 th Avenue South Milwaukee, WI 53172	