

Park River Storefront Improvement Program

Grant Application

Date (MM/DD/YYYY)

Application Instructions

Primary Contact Information

Contact Name (first and last)

Application must be filled out in its entirety and all supporting documents attached. Incomplete applications may be deferred to the next meeting. Please write legibly or use fillable PDF application. *All applications must be received by the third Monday of the month to be considered at the next PRDC meeting*.

Business Information Jusiness Name Type of Business Mailing Address (if different from business address) Jusiness Phone Business Email Address ND Sales & Use Tax Permit N Parcel ID Project Information Describe project in detail including if work is part of larger scope, changes to footprint, project duration, existing cacade, and overall summary of proposed work. Please include photos and/or architectural drawings if available.						
Susiness Information usiness Name Type of Business Mailting Address (if different from business address) usiness Phone Business Email Address ND Sales & Use Tax Permit N ate Built (If Known) Parcel ID Project Information rescribe project in detail including if work is part of larger scope, changes to footprint, project duration, existing cacade, and overall summary of proposed work. Please include photos and/or architectural drawings if available.	ddress		Mailing Addres	s (if different)		
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Parcel ID Project Information Describe project in detail including if work is part of larger scope, changes to footprint, project duration, existing capade, and overall summary of proposed work. Please include photos and/or architectural drawings if available.		n	Type of Business			
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Project Information Describe project in detail including if work is part of larger scope, changes to footprint, project duration, existing capade, and overall summary of proposed work. Please include photos and/or architectural drawings if available.	Business Phone	Business Email Add	Iress	ND Sales & Us	e Tax Permit Number	
Describe project in detail including if work is part of larger scope, changes to footprint, project duration, existing capade, and overall summary of proposed work. Please include photos and/or architectural drawings if available.	Date Built (If Known)		Parcel ID			
Total Cost of Project (without sales tax) Total Grant Amount Requested (50% of total: \$5,000 max)						
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Are there historical elen	nents of the building that will be impacted by	the project? (explain)	□Yes □No
Property Owner Info roperty Owner Name	rmation (if applicable) Property Owner Phone Number Proper	rty Owner Email	
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supporting Documer Include estimat	nts kequirea : es, quotes, or price lists for proposed work	((I lse of local husinesses/c	contractors is
encouraged)	es, quotes, or prior usts for proposed work	. (Osc or tocat businesses)	contractors is
	is, designs, or photos showing changes to b e		
☐ You must provid	le written approval from the property owne	er (if you do not own the bu	ilding)
ignature & Acknowl			
lame (printed)	Signature		Date