



Grant Application#: _____

Downtown Improvement Incentive Program Commercial Reimbursement Grant Application

PLEASE PRINT

Name of Business: _____ Phone #: _____

Address: _____ Zip: _____

Owner: _____ Phone #: _____

Address: _____ Zip: _____

Signature: _____ Date : _____

(If different than Owner)

Contact: _____ Phone #: _____

Address: _____ Zip: _____

Email: _____

Description of work to be completed: _____

Letter Attached

Fees Paid by Owner: \$ _____

Please submit invoices or receipts showing the total fees paid for the project.

OFFICIAL CITY USE ONLY

Amount Reimbursed by the City of Shawnee: \$ _____

Date Reimbursement was requested: _____

Application taken by: _____