

It's real.

City of Seguin Business Improvement Grant (BIG) Program Application 2023-2024

Section 1 – Applicant Contact Information

Date						
Name of Applicant		Title	Title			
Address						
City	State		Zip Code			
Primary Phone Number		Alternate Pho	ne Number			
Email						
Section 2 – Business Information						
Business Name						
Business Legal Name as Identified on W-9 (Please attach copy of W-9)						
Business Mailing Address						

City	State		Zip Code	
		I		
Phone		Website		
Number of years in business in Seguin, TX	Numbo	r of Business Locations	Tax ID #	
Number of years in business in Seguin, 17	Number	of business Locations	Tax ID #	
Business Structure (C Corp, S Corp, LLC, LLP, Partr	nership, So	ole Proprietor, Non-Profit, Oth	er)	
Please provide a brief description of your bus	siness			
Full Time Workers	Pa	rt Time Workers		
Do you plan to hire any new employees in the	e next 3 r	nonths?		
Are you currently in compliance with the City provide background information.	y of Segui	in and Guadalupe County? (Yes, No) If no, please	
This includes but not limited to liens, court fines, delinquent City utility bills, or delinquent taxes.)				

Section 3 – Grant Request Information

Please select the type of improvement(s) associated with the improvement project? (See BIG Guidelines for additional details on Eligible Improvement and Expenditures)					
	Facade Improvement			Sign Improvement	
	Site Improvement			Other Real Property Improvements	
Physical Address of Property for Which Grant is Being Requested					
City		State			Zip Code
Do you o v	wn or lease the property fo	or which grant is be	eing reques	ted?	
If lessee,	please provide contact in	formation for prop	erty owner	r.	
Name of	Property Owner				
Address	f Property Owner				
City		State			Zip Code
Phone			Email		
-	ires from at least (An appr		-	=	I improvements and or other eligible ax grant award to an applicant not to

Please provide a description of the proposed project. Please attach any project drawings, photos of area to be improved, specifications, and/or any additional information about the project to this application.
Estimated start date of project
Estimated completion of project
Name and cost estimate/quote from at least one (1) qualified contractor/supplier (Please attach a copy of the estimate with application)
estimate with application,

Section 4 – Attachments

Please attach the following documents with the completed application (failure to include all applicable attachment will result in the application being deemed incomplete):

- Signed copy of W-9
- Detailed estimate/quote of proposed improvements and or other eligible expenditures
- Project drawings and specifications (if applicable)
- Photos of area to be improved (if applicable)
- If lessee, please attached a copy of lease agreement (if applicable)
- Any additional information about the project that would be beneficial in reviewing the application

Section 5 – Certification and Signature

I certify that the information submitted in this application, including attachments, is true, correct, and complete. Omissions or submission of incorrect information may render this application invalid.

Name	Title	
Signature	Date	