

City of Seguin Business Improvement Grant (BIG) Program Application

Section 1 – Applicant Contact Information

Date				
Name of Applicant		Title		
Address				
City	State		Zip Code	
Primary Phone Number		Alternate Phone Number		
Email				

Section 2 – Business Information

Business Name			
Business Legal Name as Identified on W-9 (Pl	ease attach copy of W-9)		
Business Mailing Address			
City	State	Zip Code	
,			
Coquin DIC Drogram Application		Dage 1 of F	

Phone	Website			
Number of years in business in Seguin, TX	Number of Business Locations	Tax ID #		
Business Structure (C Corp, S Corp, LLC, LLP, Partnership, Sole Proprietor, Non-Profit, Other)				
Please provide a brief description of your bus	iness			
Full Time Workers	Part Time Workers			
Do you plan to hire any new employees in the next 3 months?				
Are you currently in compliance with the City of Seguin? (Yes, No) If no, please provide background information.				
This includes but not limited to liens, court fines, delinquent City utility bills, Seguin Strong Stimulus Plan 6-Month Follow Up, 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 Wh	nich Grant is Being	Requested		
City	State		Zip Code	
Do you own or lease the property for which grant is being requested?				
If lessee, please provide contact in	formation for prop	erty owner.		
Name of Property Owner				
Address of Property Owner				
City	State		Zip Code	
Phone		Email		
-			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)

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.

N	а	m	1	ρ
v	α			-

Title

Signature

Date