

COMMERCIAL RENT SUBSIDY PROGRAM APPLICATION

Section 1. Applicant Information

Applicant/Contact Name:				
Home Address:				
		City	Province	Postal Cod
Home Phone:		Cell Phone:		
Email Address:				
Mail Address:				
		City	Province	Postal Cod
Business Name:				
Business Address:				
		City	Province	Postal Cod
Business Phone:		Business Fax:		
_				
Ownership (Shareholders/Partne	ers) % Interest	Company Officers	Pc	sition
Ownership (Shareholders/Partne	ers) % Interest	Company Officers	Pc	osition
Ownership (Shareholders/Partne	ers) % Interest	Company Officers	Pc	osition

Section 2. Property to be Leased (IF APPLICABLE)

Property Address:					
		City	Province	Postal Code	
Landlord Name:					
Landlord Address:					
		City	Province	Postal Code	
Landlord Phone:		Landlord Cell:			
Landlord Email Address:					
		(For Office	(For Office Use Only)		
Monthly Rent	\$	Per Square Foot Rent:			
Yearly Rent: Square Footage to be Leased:	\$	Max Annual Subsidy:			
		Manner of Funding:			
[] without utilities	[] with utilities	Total 12 Month Subsidy:			
	ommercial use of the le	the building, its location, the ased space, and the reasor pace:			

Section 3. Prior Experience and/or Education

Please list any prior business experience and/or education, and any accompanying references.				
Section 4. Miscellaneous				
Will there be any physical improvements to the newly leased commercial space (whether done by the property owner or as leasehold improvements) prior to occupancy by the applicant? — Yes — No If yes, provide detail:				
Additional comments:				

❖ Applicants are welcome to submit artistic renderings of their proposed business venture.

Section 5. Declarations

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Downtown Windsor Business Improvement Association and may be a felony under the laws of the Province of Ontario. I (we) agree to abide by the provisions of all applicable local, provincial and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

Furthermore, I (we) agree to a credit check to be acquired by the Downtown Windsor Business Improvement Association. All information will be held in strict confidentiality.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving any Program assistance including funding, and that my (our) designation as a Program client does not guarantee my (our) receipt of any Program assistance.

If Applicant is an individual, sole proprietorship or partnership please sign below:		If Applicant is a corporation, L.L.C., L.L.P., sign below:		
Signature	Date	Name of Corporation		
Printed Name and Title		Authorized Signature	Date	
Signature	Date	Print Name and Title		
Print Name and Title	·			