



City of Grants Pass Light the Storefronts Grant Application

Applicant Name	Tax ID Number
Street Address	Phone Number
Mailing Address	
Business Name	
Business Owner	
Brief description of project (attach construction plans and specifications)	
Total project cost (provide outline)	
Estimated completion date	
Amount of loan/grant request	
<p>The statements made herein are true and represent a total disclosure of all the information as of this date. Applicant understands that the City will retain this application and any other credit information the City receives, whether or not this loan request is approved. Applicant authorizes any person or consumer-reporting agency to complete and furnish to the City any information it may have or obtain in response to the City's credit or reference inquiries. Applicant further authorizes the City to provide information concerning Applicant's credit relationship to credit reporting agencies or other creditors.</p>	
Applicant signature	Date