

CITY OF LASALLE

APPLICATION FOR REDEVELOPMENT INCENTIVE PROGRAM

BUSINESS CONTACT INFORMATION

Person Requesting Grant:

Company name:

Phone: SS# E-mail:

Registered company address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: FEIN:

BUSINESS AND CREDIT INFORMATION

Primary business address (building being improved):

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

AGREEMENT

1. Property Tax ID# _____
2. Attach all building estimates along with material costs.
3. Attach copy of building permit.
4. Total amount applying for:
5. Attach General Project Description of work being requested in the program.

SIGNATURES OF BUILDING OWNERS AND/OR BUSINESS OWNER

Title:
Date:

Title:
Date: