

CITY OF LASALLE
APPLICATION FOR REDEVELOPMENT INCENTIVE PROGRAM

BUSINESS CONTACT INFORMATION

Person Requesting Grant:				
Business name:				
Phone:		E-mail:		
Registered business address:				
City:		State:		ZIP Code:
Date business commenced:				
FEIN:				
Type of Business (circle):	Partnership	Corporation	LLC	Sole Proprietorship

PHYSICAL LOCATION

Building Street Address (building being improved):			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	

CREDIT INFORMATION

Bank name (for credit reference):			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account (circle):	Checking	Savings	Other

SUMMARY OF WORK:

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AGREEMENT

1. Property Tax ID# _____
2. Attach all building estimates, bids and material costs
3. Total amount applying for: _____ (\$12,500 max)
4. Attached summary of work if it cannot fit on one page

SIGNATURES OF BUILDING OWNERS AND/OR BUSINESS OWNER

Signature: Title: Date:	Signature: Title: Date:
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