



City of Goodview
4140 5th Street, Goodview, MN 55987
Phone: 507-452-1630

BUSINESS ASSISTANCE AND IMPROVEMENT PROGRAM APPLICATION

Name of Applicant: _____ Date: _____

1. Mailing address: _____

2. Email Address: _____

3. Phone number: _____

4. Business Name and Contact Person: _____

5. Business Address of proposed work: _____

6. Does the applicant own the building: _____ Yes _____ No

(If no, please attach a letter from the building owner evidencing a commitment to the applicant)

7. Project Summary: _____

(If more space is needed, please attach an additional sheet of paper)

8. Estimated Total Project Cost: \$ _____ (Please attach quotes, estimates and/or bids)

9. Total Amount Requested: \$ _____ (Minimum request \$500; Maximum request \$3,000; Maximum percentage of assistance per building cannot exceed 50% of total project cost)

10. Proposed project start date: _____

11. Proposed project completion date: _____

Applicant Certification

I/We, the undersigned certify that I/We have the authority to sign this application, that the information submitted is true and accurate to the best of our knowledge, that we have read, understand, and that we will comply with the program guidelines. I/We understand that this application will be reviewed based on the information provided herein and that if the final project does not meet minimum program guidelines the City reserves the right to deny reimbursement.

Name/Title (Printed)

Name/Title (Printed)

Signature

Date

Signature

Date

For Office Use Only

Date application approved by EDA: _____

Date application approved by City Council: _____

Date Final approval by EDA: _____

Date Final approval by City Council: _____