

Small Retail Business Assistance Program
APPLICATION



RETURN APPLICATION TO:

Houston Downtown Management District
909 Fannin, Suite 1650
Houston, TX 77010

Angie Bertinot
angie@downtowndistrict.org
713-650-3022

Date of Application _____

APPLICANT INFORMATION SUMMARY

Name of business _____

Address of business _____

Name(s) of business owner (s) _____

Contact person _____

Contact person phone _____

Contact person's email _____

BUSINESS INFORMATION SUMMARY

Federal Employer Identification Number _____

Is Applicant

Business Owner/Property Owner

Business Owner/Lessee

Length and expiration date of lease of business _____

Days/hours of operation _____

Number of employees _____

Brief description of business _____

An eligible business must meet the following criteria. Is business:

- A for-profit Small Retail Business
- Employees 30 people or less
- Does NOT have more than \$1,000,000 in gross annual revenue
- Is located on Dallas Street between Milam and Crawfords Streets
- Primary entrance faces Dallas street
- Has been in operation for at least a year prior to the commencement of street construction (March 1, 2015)

Are all of the business' local, state and federal taxes paid up-to-date?

- Yes No (if no, provide explanation below)
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REQUIRED DOCUMENTS

1. W-9 Form
2. Copy of the current lease or deed (if Property Owner) for the applicant's business.
NOTE: the document must contain the address of the building or business premises and signature of the applicant.
3. Current and prior year's profit and loss or cash flow statements. To be eligible for a grant under this program, a business must demonstrate an impact on its business during each period of street and/or sidewalk closure. Such statements must show the sales or revenues during construction compared to the same period in the year prior.

CONTRACT ISSUES

By signing below, the applicant acknowledges that he/she has received and read the program guidelines for the HDMD Small Retail Business Assistance Program. The applicant assures that the above information, along with all required documentation, is true and correct. The applicant also agrees that in the event of his/her/their breach of any condition or provision, or whenever deemed to be in the interest of HDMD, HDMD and its board of directors has the right to terminate the program agreement.

Signature: _____ Date: _____

Printed Name: _____