



Main Street Clinton

Business Development Grant Application

Applicant Name _____

Business Name _____

Mailing Address _____

Phone Number _____

Fax Number _____

Email Address _____

Project Address _____

Does Applicant own building?

Yes _____

No _____

Estimated project start date: _____

Estimated project finish date: _____

Estimated total cost of project: _____

Name of contractor(s) to be used _____

Please provide 3 references, with contact information (1 professional, 1 bank, 1 personal)

1) _____

2) _____

3) _____

Please describe the nature of the project:

NOTE: Please attach additional documentation as outlined in the MSC BDG Guidelines document.

The undersigned Applicant affirms: that the information submitted herein and attached is true and accurate to the best of my knowledge; and, that Applicant has read and understands the conditions outlined in the MSC BDG materials and agrees to abide by its conditions

Signed: _____

Date: _____

Signed: _____

Date: _____