

REDWOOD CITY REDEVELOPMENT AGENCY
STOREFRONT IMPROVEMENT PROGRAM

APPLICATION

Project Address: _____

APN #: _____ Business Tax ID#: _____

Applicant Name: _____ Phone: _____

Address: _____

E-mail: _____

Business Name(s): _____

Lease expiration date (if tenant): _____

Property Owner (If different): _____ Phone _____

Address _____

Description of project/work contemplated. Please see attached program summary and evaluation criteria for reference (attach additional sheet if necessary).

Intended Applicant Investment: _____

Applicant Statement: I have read this application and I understand the program guidelines.

Signature: _____ Date: _____