

## Façade Improvement Grant Return to: Dayton City Hall Application 514 Sixth Ave, Dayton, KY 41074

PH: 859-491-1600

SECTION A: APPLICANT INFORMATION										
Legal Applicant	E-mail Address					SS#				
Street or P. O. Box	City			Cc	County		State	State ZIP		Code
Telephone Number	Fax Number				Tax ID Numbe			lumb	er	
SECTION B: SUBJECT PROPERTY										
Property Owner (if different)	Telephone Number				Em		Emai	Email		
Street or P. O. Box (owner mailing)	City			Cc	ounty Stat		State	9	ZIP Code	
Street (Physical address)	City Dayton				ounty State ampbell KY		è	ZIP Code 41074		
SECTION C: COMPANY INFORMATION										
Company's Name		Employer Identification N			ber (EIN)	)		Com	ipany	r's Start Date
Current Address of Company		City		(	County		Sta	ite	ZIP Code	
Project Address (if different from above)		City Dayton			County Campbell		Sta KY	ite	ZIP Code 41074	
Company's Taxable Year End	Organization Type					Do you have a Campbell County and Dayton City Occupational License? YES NO				
SECTION D: COMPANY'S CONTACT										
Name of Company's Designee			Name of Co designee)	e of Contact (if differ nee)			ent from			Title
Street or P. O. Box	City			Co	County			State	e	ZIP Code
Telephone Number	Fax Number Email Addre		ess							



## Façade Improvement Grant Return to: Dayton City Hall Application 514 Sixth Ave, Dayton, KY 41074

PH: 859-491-1600

SECTION E: PROPERTY INFORMATION						
Address		Number of commercial units	Number of residential units			
Has this property been	If YES, please explain		Current Appraised Value of Property			
cited for code violations in the past year? YES NO			Land \$			
			Improvements \$			
			Total Value \$			
Please provide a descripti	on of the proposed construction	on needed to improve the subjec	ct property.			

Please provide a description of the proposed construction needed to improve the subject property.						
Will this project require the co	ommercial portion	of this prope	rty to be clos	sed during stat	ed time fran	ne?
If company is different from be and are making appropriate ar		ase have said	tenant sign	below certifyir	ng that they a	are aware of the project
Signature Date						
Please indicate the date your original intent was expressed to the municipality and its Main Street Manager.		Date the applicant expects to begin the project:		Date the applicant expects to complete the project:		Date the applicant expects to open the facility:
Please provide a detailed project timeline:						
Please provide the following information about your contractor.						
Title Company's Name		2	Telephone number		Email Address	



## Façade Improvement Grant Return to: Dayton City Hall Application 514 Sixth Ave, Dayton, KY 41074

PH: 859-491-1600

vn of the expected	investment required and associated costs	•					
\$							
\$							
\$							
\$							
\$							
\$							
\$							
•	the project will be financed.						
Please provide a brief description of your plans for the property following the completion of the proposed project and during the three-year commitment							
aranartu 2	Will you be pursuing property toy	Will you be pursuing the Kentucky					
propertyr		Will you be pursuing the Kentucky State's Historic Preservation Tax					
		Credit? YES NO					
	TES NO	credit: 125 NO					
SECTION F: APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGMENT							
I, the person in charge, of the applicant business/property applying for "Approved Project" status from the City of Dayton, Kentucky, hereby certify that I have been authorized to file this application and to provide the information within the accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment to the best of my knowledge after having conducted reasonable inquiry. I understand that the information provided with this application will be relied upon by the City in deciding whether to grant "Approved Project" status and that the City reserves the right to act against the applicant or any other beneficiary of the Approved Project if the City discovers that the applicant intentionally provided misleading, inaccurate, or false information. I make this certification under the pains and penalties of perjury. The applicant's signatures also acknowledge that pursuant to KRS 61.870 et seq., the Kentucky Open Records Act that this application and documents submitted in support thereof are public record. Furthermore, the applicant's signature confirms that they have reviewed and accepted all parts of this program's policies.							
Title	Date						
Questions? Call Dayton City Hall at: 859-491-1600 or email jbarks@daytonky.com							
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ description of how is at this time)  cription of your plant  cription	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					