For Office Use Only

Date Received:___/___/____
Time Received:_____
By:_____

Zoning District::

Business Start-Up Grant
APPLICATION

Date Submitted: _____ Business Opening Date: _____

Sales & Use Tax License No: _____ Date Issued: _____No. of Employees_____

(Please attached copy of current City of Longmont Sales & Use Tax License)

Business Owner/Operator: (Please include names of all owners/partners of the business)

_____

_____

Business Name: _____

Business Address: _____ Zip Code_____

Business Phone: (____) _____ Alternate Phone: (____) _____

Email Address: _____

Description of type of business and products or services provided: _____

_____

_____

Program Eligibility Guidelines (Please read carefully.)

1. The business is located within the City of Longmont within a commercial, industrial, or mixed use zoning district.
2. The business generates sales tax within the City of Longmont.
3. The business is located in a non-residential storefront on the ground floor of a building with an outside entrance accessible to the public.
4. The business opened in 2009 or 2010.
5. The business must be active and generating sales tax revenue at the time of reimbursement.
6. The business owner must complete an approved business development training program. (See Attachment B – Approved Business Development Training Programs.)
7. The business owner must prepare a business plan that contains specified core elements. (See Attachment C – Business Plan Core Elements.)
8. The business has an unrevoked, unsuspended City of Longmont sales and use tax license and is in compliance with all City codes and regulations.
9. The maximum grant is **$2000.00** per business.
10. The business owner must submit receipts to the City for all approved eligible costs. (See Attachment A – Eligible Use of Funds.)
11. The business owner will allow access by the City and its employees, as the City deems necessary, for audit purposes and to assess the benefits derived from participation in the Business Start-Up Grant Program. The City may also include the business in promotional materials and other public communications about the program.
12. Funding is not transferable. Other restrictions may apply.

NOTE: Any violation of the program guidelines will result in the business owner being obligated to promptly repay the amount paid pursuant to this Agreement.

Training Certification: I have completed an approved small business training program prior to disbursement of grant funds. Please provide the following information:

Name of Training Program (subject): _____

Agency Who Provided the Training: _____

Agency Phone No.: (____) _____ Date(s) of Training: _____ Total Hours:_____

Applicant Certification: I acknowledge and agree to the above eligibility requirements and certify that all information provided herein is true and complete to the best of my knowledge and belief. Verification will be provided, if requested.

Business Owner/Operator (Print or Type)	Business Owner/Operator Signature	Date
Business Owner/Operator (Print or Type)	Business Owner/Operator Signature	Date

CITY OF LONGMONT♦DEPARTMENT OF ECONOMIC DEVELOPMENT
DEVELOPMENT SERVICES CENTER♦385 KIMBARK STREET
LONGMONT, CO 80501
(303) 651-8403♦ doug.bene@ci.longmont.co.us
www.ci.longmont.co.us/econdev