

Town of Clarkstown Small Business Signage & Building Beautification Program

## Step-by-Step Guide to Successful Participation in the Program

- Step 1—Applications may be submitted via email at <a href="mailto:signgrants@clarkstown.org">signgrants@clarkstown.org</a>, or sent to Jeff Gillies, Intergovernmental Relations Coordinator, 10 Maple Avenue, New City, NY 10956. An application from a tenant must include written consent from the property owner. Applications must include photographs of the facade or storefront to be improved and a detailed description of the planned work.
- Step 2—Application materials, including any associated building permit application, will be reviewed initially by Town staff, in consultation with the Building Inspector. Depending on specifics contained within the project proposal, it may need approval from one or more of the Town's land use boards, such as the Architectural Historical Review Board. After the applicant has obtained all required approvals, the Building Inspector shall make a final determination as to whether a grant application shall be granted or denied, and shall advise the applicant accordingly.
- Step 3—After the applicant completes the required work and, if applicable, receives a Certificate of Occupancy from the Building Inspector for the improvements, the applicant shall submit a reimbursement request to the Building Department. The reimbursement request shall include copies of paid receipts or other documentation sufficient to verify the expenditure of monies to perform work eligible for a grant.
- Step 4—Upon review and approval of the reimbursement request and a final inspection of the eligible work, the Building Inspector shall advise the Town Comptroller in writing that a check should be issued to the applicant for the approved amount.



## TOWN OF CLARKSTOWN 10 MAPLE AVE. \* NEW CITY, NY 10956 \* APPLICATION FOR SMALL BUSINESS SIGNAGE & BUILDING BEAUTIFICATION PROGRAM

**Business Information** 

Legal Business Name:	
Business Trade Name (If Different):	Federal Tax ID #:
Business Street Address:	
Business Mailing Address:	
Owner First Name: Owner	· Last Name:
Owner Email Address:	
Owner Phone Number:	
Type of Business Entity:	
Corporation Limited Liability Partr	ership 🔲 Sole proprietorship

**(If Partnership) Business Partners** (*Please list up to three (3) individuals who are partners in the entity, if any. If there are more than three partners, please attach a separate list describing the additional partners*)

Name	Address	Phone Number

Do you own or lease the location where your business is located?	Own	Lease
Industry & Primary Business Activity		

Please select one below:

🔄 Restaurant/Bar 🔄 Healthcare 📃 R	etail/Entertainment	Personal Care	(Salon, etc)
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Professional Services Automotive/Home Improvement Other:

Proposed Project
Total Grant Requested: \$
Total Cost of Project: \$
Project Narrative:

Please provide pictures of existing conditions to illustrate the impact the improvements described above will enhance your business and the surrounding community.

## Certification

By signing your name below:

- You certify that you are authorized to sign on behalf of all owners listed in this application.
- You are declaring under penalty of perjury, that the foregoing is true and correct.
- You acknowledge that the submission of an application does not guarantee selection of the project
- You acknowledge that projects must be compliant with Town Code.

Applicant Name (Print):\_\_\_\_\_

Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

If you have any questions, please email signgrants@clarkstown.gov or call 845-639-2063.