



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 signgrants@clarkstown.org, 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 Partnership 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 Retail/Entertainment Personal Care (Salon, etc)

Professional Services Automotive/Home Improvement Other: _____

