

## City of Ashland Business Beautification Grant 2023 Application

ORGANIZATION LEGAL	NAME:	DATE:			
OTHER NAMES ORGANIZATION KNOWN BY (DBA)					
ADDRESS					
Street	City	State	Zip		
FEDERAL EMPLOYER ID I	NUMBER (FEIN):				
AMOUNT REQUESTED \$					
PRIMARY CONTACT:					
Title:					
Telephone	E-mai	il			
OWNER OF PROPERTY II	F NOT THE APPLICANT:				
Telephone	E-mai	il			

## Certification

The information contained in	this application is true	and correct to the best o	of my knowledge.
	Authorized Signature		
	Print Nai	me	
Property Owner Authorizatio			
I hereby affirm that I am the d	owner of the property Ic	ocated at:	
ADDRESS			
Street	City	State	Zip
By signing below, I authoriz property listed above as sp			anges at the
	Property Owner	Signature	
	Print Na	me	

## **Project Information**

1.	Description of the project
2.	List any building or other permit(s) if needed.
3.	Anticipated date of completion
4.	How will the community as a whole benefit from your project?
At	tach the following:  Documentation of Ashland Business License  At least two qualifying quotes  Photo of proposed site improvement  Copy of required permit(s) if applicable  Copy of lease agreement if applicable

## Submit application and required documentation to <a href="mailto:administration@ashland.or.us">administration@ashland.or.us</a>

Note: If awarded funds you will need to sign a contract with the City of Ashland and provide a W-9.

Please direct any questions to administration@ashland.or.us.