



Town of Yorktown
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Yorktown Downtown Revitalization Project Façade & Incubation Grant Program Application

APPLICANT INFORMATION

Name: _____

Email: _____ Phone: _____

BUSINESS AND/OR PROJECT INFORMATION

Name of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

PROPERTY OWNER INFORMATION (if different from above)

Name: _____ Years Owned: _____

Address: _____ Phone: _____

Email: _____ City: _____ State: _____ Zip: _____

Type of Ownership: _____ Owner's Signature: _____

PROPOSED IMPROVEMENTS

Storefront Improvements:

Upper Façade Improvements:

Other Improvements: _____

Estimated Timeline: _____ Estimated Cost of Improvements: _____

Furniture, Fixture & Equipment (New Business Only):

Estimated Cost of Fixtures: _____

Projected Business Opening Date: _____

Applicant's Signature: _____ Date: _____

Renderings, cost estimates and quotes, and/or description of equipment (cut sheets) must be submitted with this application.

Certification from Financial Institution

I, the undersigned, hereby certify that the applicant to the Yorktown Downtown Revitalization Project Façade & Incubation Grant Program has available the financial resources needed to complete the proposed project.

Officer's Signature: _____ Date: _____

Title: _____ Institution: _____