



City of Goodhue
405 N Broadway
PO Box 126
Goodhue, MN 55027
Phone: 651-923-4310

BUSINESS FAÇADE IMPROVEMENT PROGRAM APPLICATION

Name of Applicant: _____ Date: _____

1. Mailing address: _____
2. Email Address: _____
3. Phone number: _____
4. Business Name and Contact Person: _____
5. Business Address of proposed work: _____
6. Does the applicant own the building: _____ Yes _____ No
(If no, please attach a letter from the building owner evidencing a commitment to the applicant)
7. Project Summary: _____

(If more space is needed please attach an additional sheet of paper with 6. Project Summary at the top)

8. Estimated Total Project Cost: \$ _____ (Please attach quotes, estimates and/or bids)
9. Total Amount Requested: \$ _____ (Minimum request \$500; Maximum request \$2,000; Maximum percentage of assistance per building cannot exceed 50% of total project cost)
10. Proposed project start date: _____ Proposed project completion date: _____

***Submit Façade Program Payment Request Form within 12 months of City Council approval to avoid cancellation of funds.**

Applicant Certification

I/We, the undersigned certify that I/We have the authority to sign this application, that the information submitted is true and accurate to the best of our knowledge, that we have read, understand, and that we will comply with the program guidelines. I/We understand that this application will be reviewed based on the information provided herein and that if the final project does not meet minimum program guidelines the City reserves the right to deny reimbursement.

Name/Title (Printed)

Signature Date

Name/Title (Printed)

Signature Date

Signature Date

Mayor, City of Goodhue

City Clerk Date

Date of City Council Approval