



COMMERCIAL RENT SUBSIDY PROGRAM APPLICATION

Section 1. Applicant Information

Applicant/Contact Name: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address (if different from above)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Business Phone: _____ Business Fax _____

Nature of Business (please provide a detailed description of the business and indicate if it is new or existing):

Ownership (Shareholders/Partners)	% Interest	Company Officers	Position

Section 2. Property to be Leased

Landlord Name: _____

Landlord Address: _____

City: _____ Prov: _____ Postal Code: _____

Landlord Phone: _____ Landlord Phone: _____

Landlord Email Address: _____

		(For Office Use Only)	
Monthly Rent	\$	Per Square Foot Rent:	
Yearly Rent:	\$	Max Annual Subsidy:	
Square Footage to be Leased:		Manner of Funding:	
without utilities		Total 12 Month Subsidy:	
with utilities			

Describe the property to be leased including the building, its location, the type of space to be occupied, the intended commercial use of the leased space, and the reason for occupying the new space:

Section 3. Prior Experience and/or Education

Please list any prior business experience and/or education, and any accompanying references.

Section 4. Miscellaneous

Will there be any physical improvements to the newly leased commercial space (whether done by the property owner or as leasehold improvements) prior to occupancy by the applicant?

Yes No

If Yes, please provide details:

Additional comments:

- ❖ Applicants are welcome to submit artistic renderings of their proposed business venture.

Section 5. Declarations

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Downtown Windsor Business Improvement Association and may be a felony under the laws of the Province of Ontario. I (we) agree to abide by the provisions of all applicable local, provincial and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

Furthermore, I (we) agree to a credit check to be acquired by the Downtown Windsor Business Improvement Association. All information will be held in strict confidentiality.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving any Program assistance including funding, and that my (our) designation as a Program client does not guarantee my (our) receipt of any Program assistance.

If Applicant is an individual, sole proprietorship or partnership please sign below:

If Applicant is a corporation, L.L.C., L.L.P., sign below:

Signature Date

Name of Corporation

Printed Name and Title

Authorized Signature Date

Signature Date

Print Name and Title

Print Name and Title