



PATIO SUBSIDY PROGRAM APPLICATION

Section 1. Applicant Information

Applicant/Contact Name: _____

Home Address: _____
Address City Province Postal Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____
(if different from above) Address City Province Postal Code

Business Name: _____

Business Address: _____
Address City Province Postal Code

Business Phone: _____ Business Fax: _____

Nature of Business (please provide a detailed description of the business):

Patio Category (see Program Overview for definitions):

Mini Café Restaurant Bar

Section 2. Property Information

Property Address: _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone: _____ Landlord cell: _____

Landlord Email Address: _____

Section 3. Intended Use of Sidewalk Café

Describe the intended use of this sidewalk café:

Section 4. Miscellaneous

Will there be any affixed enclosure and/or furniture for this sidewalk café?

Yes No

If yes, provide detail: _____

Additional comments:

❖ Applicants are welcome to submit artistic renderings of their sidewalk café.

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.

I (we) agree to fully reimburse the Downtown Windsor Business Improvement Association the complete and total funds awarded through this Program once the Sidewalk Café Permit indemnity fee has been returned by the City, or such a period as when I (we) am (are) no longer in good standing with the DWBIA.

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