## Superior Business Grant Application Form



The Town of Superior seeks to assist qualifying businesses expanding, starting-up, relocating, or making improvements within our Town. Incentives are granted on a case-by-case basis depending on the type of company, the number of employees, wages, location, and type of project.

| Applicant Info                               | rmation |
|--|---------|
| Legal Business Name                          |         |
| Doing Business As (DBA)                      |         |
| Physical Business Address                    |         |
| Mailing Address                              |         |
| Business Owner Name                          |         |
| Applicant Phone                              |         |
| Applicant Email                              |         |
| Company Prof                                 | ile     |
| Company's Core<br>Products/Services          |         |
| Company's<br>Background/History              |         |
| Company Website                              |         |
| Secretary of State ID#                       |         |
| Superior Business License#                   |         |
| Number of Employees (or upon opening if new) |         |
| Average Annual Salary                        |         |

## **Project Summary**

Detailed Scope of Project
Describe what you will use
funding for. Be as specific as
possible (e.g. instead of
"building renovation,"
describe the specific
renovations, such as "new
carpet throughout the
building and updating the
signage on the storefront")

**Amount Requested** 

Lease Expiration Date

Planned Date of Project Commencement

Planned Date of Project Completion

To Submit Application
Send the following to
Jill Mendoza
JillM@SuperiorColorado.gov

- Completed Application
- Business Plan or Strategic Plan
- Signed W-9
- Itemized Project
  Budget (Total
  budget, not just the
  amount requested
  for reimbursement)
- Quotes from Contractors

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|-----|------|----|
| Pro | iect | 15 |

- Expansion
- Relocation
- New Business
- Assistance for Business Remaining in Same Space
- Assistance in Response to Emergency Circumstance

## Acknowledgements & Signature

Please check each statement to affirm

- Information submitted is true and accurate
- Business meets Program Eligibility and Criteria
- I agree to assist the Town of Superior in verifying the information in this application as requested

Type Name to Sign Application

Name, Title Date