



HUDSON MA
D O W N T O W N
BUSINESS IMPROVEMENT DISTRICT

RETAIL GRANT APPLICATION

Applicant's business name _____

Proposed rental space address (if known) _____

Expected date of occupancy _____ Sq. Ft. _____

Expected monthly rent _____ Lease Period _____

Applicant's Name _____ Cell phone _____

Home Address _____

Email address _____

Description of proposed business including what will be sold and what services will be offered

Expected number of employees _____ Full time _____ Part time _____

Expected days and hours of operation (Note: Staying open late and being open on Sundays is encouraged but not required)

Describe the projected impact of your business on our downtown _____

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Please identify the owners of the proposed business, together with their ownership interests and position/responsibilities in the operation of the business _____

Is the business or any owner delinquent in the payment of any income tax obligations? Y ___ N ___

Is the business or any owner delinquent in the payment of any municipal taxes or fees? Y ___ N ___

Is the business or any owner delinquent in the repayment of any loans? Y ___ N ___

Has the business or any owner ever filed for bankruptcy? Y ___ N ___

You are encouraged to attach a proposed business plan that would include, but not be limited to, a three-year forecast and past history of any retail sales or success in business and why your proposed business should be considered for this grant. Please attach additional pages if additional space is needed to answer any question(s) above.

I certify with my signature that the information provided in this application and any attached documents is complete and truthful. False statements can result in the revocation of the grant funds.

Signature

Date

For office use only:

Date application received: _____

Received by: _____