**Commercial Community Advantage Program (CCAP)**

**Application**

The following information is required by the Economic Development Committee (EDC) and the Dayton, Kentucky City Council (DKCC) to make a preliminary determination on the eligibility of a project under the Commercial Community Advantage Program. A hard copy with all required information, signatures, and supporting documents must be turned in to the Main Street Manager. Applications can be mailed in to 514 Sixth Avenue, Dayton, KY 41074. Please refer to the CCAP guidelines and polices and the Main Street Manager for assistance with this application.

**PART I APPLICANT INFORMATION**

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| **SECTION A: APPLICANT** | | | | | |
| Legal Applicant | E-mail Address | | | SS# | |
| Street or P. O. Box | City | County | | State | ZIP Code |
| Telephone Number | Fax Number | | Tax ID Number | | |

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| **SECTION B: Co-APPLICANT or SUBRECIPTIENT** | | | | | | | |
| Legal Applicant | E-mail Address | | | | SS# | | |
| Street or P. O. Box | City | | County | | State | ZIP Code | |
| Telephone Number | Fax Number | | | Tax ID Number | | | |
| **SECTION C: SUBJECT PROPERTY – If purchasing property please check the box ☐** | | | | | | | |
| Property Owner | PDIN | | | | Legal Description | | |
| Street or P. O. Box (owner) | City | | County | | State | ZIP Code | |
| Street (Property) | City  Dayton | | County  Campbell | | State  KY | ZIP Code  41074 | |
| Telephone Number | Fax Number | Sale Date | | | | | Sale Price |

**PART II COMPANY INFORMATION**

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| **SECTION A: COMPANY** | | | | | | | | | | | | | |
| Company’s Name | | | | | Employer Identification Number (EIN) | | | | | | | Company’s Date | |
| Current Address of Company | | City | | | | | County | | State | | ZIP Code | | |
| Project Address (if different from above) | | | City  Dayton | | | | County  Campbell | | State  KY | | ZIP Code  41074 | | |
| Company’s Taxable Year End | | Organization Type | | | | | | Do you have a Campbell County and Dayton City Occupational License? ☐ YES ☐ NO | | | | | |
| **SECTION B: COMPANY’S CONTACT** | | | | | | | | | | | | | |
| Name of Company’s Designee | Title | | | Name of Contact (if different from designee) | | | | | | | | | Title |
| Street or P. O. Box | City | | | | | County | | | | State | | | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | | | | | | | | |

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| **SECTION C: COMPANY DESCRIPTION & HISTORY** |
| Please provide a brief description and history of the company. If property owner please provide a description of properties and your management history. You may attach a typed version to this application, should you prefer to do so. If you choose to attach a document please title it SECTION C and enter “See attachment” in the space below. (*Please include all sources of business information such as website’s URL or Facebook Page or Links to news articles).* |

**PART III INTRODUCTION**

These forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Instructions are given on the respective forms. Please type or print all information.

There are four forms below. Please review the programs below and their descriptions and check which programs you are applying for. Then proceed to the corresponding form and provide all solicited information.

**Rental Abatement** The rental assistance program will assist new tenants by providing a matching financial grant for lease costs. The property owner benefits by attracting new business operations to their vacant property and the tenant benefits by receiving reduced leasing costs during business startup or relocation. The incentive is only available for NEW business leases signed after March 7, 2017 located in a commercial building in the Neighborhood Commercial District (NCD) and Central Business District (Central Business District). **(PART IV SECTION A)**

**Uniform Signage** This program is design to enhance the city’s streetscape appeal by providing funding to allow business owners to purchase a unique sign to enhance their business while creating a uniform look to our business district. The incentive is available to any new or existing businesses located in a commercial building in the Central Business District (CBD) after February 1, 2015. **(PART IV SECTION B)**

**Façade and Structural Improvements** This program will encourage current and prospective business and/or property owners to invest in their property and community. Such an investment will assist in improving the value of the subject property, lessen the burden of both the owner and occupier(s), and increase both intangible and tangible values of the CBD. The Structural Improvement Program is available to anyone owning or purchasing a commercial property in the CBD zone after March 7, 2017 that is in need of structural repairs. **(PART IV SECTION D)**

**NOTE: Partial submissions will NOT be accepted!**

**PART IV SUB-PROGRAM FORMS**

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| **SECTION A: RENTAL ABATEMENT APPLICATION** | | | | | | | | |
| Number of employees moving with business. | Estimated number of expected weekly patrons? | | Do you comply with Campbell County Code Ordinance?  YES  NO | | | Do you comply with City of Dayton Code Ordinance?  YES  NO | | |
| Has the subject property been pursued for code violations within the last year?  YES  NO | If YES, explain | | | What is the business’ expected total annual revenues? | | | Does the lease included a 3- year non-adjustable rental rate?  YES  NO | |
| What is the business’ expected total annual costs? | | | What is the 3-year non-adjustable rental rate | |
| Do you have a SCORE, SBDC or Rekindle mentor?  YES  NO | | | | | | | | |
| **Please provide the following information about your mentor.** | | | | | | | | |
| Name | Mentors Field of Expertise | | | Meeting Schedule | | | Mentor’s Email | |
| **Please list three previous work experiences most related to your current field.** | | | | | | | | |
| Employer | | Job Title | | Dates Employed | | | | Work Performed |
| Telephone Number | | Supervisor | | From: | To: | | |  |
| Employer | | Job Title | | Dates Employed | | | | Work Performed |
| Telephone Number | | Supervisor | | From: | To: | | |  |
| Employer | | Job Title | | Dates Employed | | | | Work Performed |
| Telephone Number | | Supervisor | | From: | To: | | |  |
| **The following materials shall constitute a complete application. No documentation except that requested below should be submitted with the application packet.**  Documents to Attach:  Standard Business Plan   1. Executive Summary 2. Company Description 3. Market Analysis 4. Organization and Management 5. Service or Product Line 6. Marketing and Sales 7. Financial Projections   Lease Agreement  Affidavit certifying the lease is a arm’s length transaction  Up to 3 most recent business’s Tax Return(s) *(if applicable)* | | | | | | | | |

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| **SECTION B: UNIFORM SIGNAGE APPLICIATION** | | |
| Formal name of business | | Name of business that appears on proposed sign |
| Is the applicant the owner of the property where the proposed sign will be installed? YES NO | | |
| If NO, to the question above, does the owner of the building approve the installation of the proposed sign? YES NO | Property Owner’s Approval  *I hereby approve the applicant to purchase and install a sign on my property as proposed in this application.*    Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Property Owner* | |
| **The following materials shall constitute a complete application. No documentation except that requested below should be submitted with the application packet.**  Documents to Attach:  Approved Certificate of Appropriateness  Copy of Approved Sign Permit from the Campbell County Planning & Zoning Commission  Please include the following with the Approved Sign Permit   1. Copy of a site plan as specified by the permit 2. Copy of the drawings as specified by the permit   Standard Business Plan   1. Executive Summary 2. Company Description 3. Market Analysis 4. Organization and Management 5. Service or Product Line 6. Marketing and Sales 7. Financial Projections   Proof of Property Ownership (if applicable) | | |

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| **SECTION C FAÇADE AND STRUCTURAL IMPROVEMENTS APPLICATION** | | | | | | | | | | | | | |
| PIDN | | Address | | | | | | Number of commercial units | | | | | Number of residential units |
| Has this property been cited for code violations in the past year?  YES ☐NO | | | If YES, please explain | | | | | | | Current Appraised Value of Property | | | |
| Land | | | |
| Improvements | | | |
| Total Value | | | |
| Please provide a description of the proposed construction needed to improve the subject property. | | | | | | | | | | | | | |
| Will this project require the commercial portion of this property to be closed during stated time frame?  YES  NO | | | | | | | | | | | | | |
| If YES, would such a closure cause a current business to close its doors during the stated time frame?  YES NO | | | | | | | | | | | | | |
| If company is different from building owner, please have said tenant sign below certifying that they are aware of the project and are making appropriate arrangements.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Tenant | | | | | | | | | | | | | |
| Please indicate the date your original intent was expressed to the municipality and its Main Street Manager. | | | | | | Date the applicant expects to begin the project: | Date the applicant expects to complete the project: | | | | | Date the applicant expects to open the facility: | |
| Please provide a detailed project timeline: | | | | | | | | | | | | | |
| **Please provide the following information about your contractor.** | | | | | | | | | | | | | |
| Name | Title | | | | | Company’s Name | | | Telephone number | | | Email Address | |
| Please provide a breakdown of the expected investment required and associated costs.  Design: $  Materials: $  Labor: $  Machinery & Equipment: $  Permits and Licensing: $  Other: $  Total Project Investment $ | | | | | | | | | | | | | |
| Please provide a detailed description of how the project will be financed.  *(Do not include CCAP funds at this time)* | | | | | | | | | | | | | |
| Please provide a brief description of your plans for the property following the completion of the proposed project and during the three-year commitment | | | | | | | | | | | | | |
| Is this property a historic property?  YES ☐NO | | | | | Will you be pursuing property tax breaks? YES NO | | | | | | Will you be pursuing the Kentucky State’s Historic Preservation Tax Credit? YES NO | | |
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| **The following materials shall constitute a complete application. No documentation except that requested below should be submitted with the application packet.**  Documents to Attach:  Proof of property ownership  City of Dayton’s Certificate of Appropriateness *(if applicable)*  Campbell County Commercial Building Permit *(if applicable)*  Copy of Inspection completed by a licensed professional  Copy of plans submitted by a licensed contractor  Business Tenant conditional lease agreement *(if applicable)*  **If the applicant chooses to apply all turnaround investment funds into a façade reintroduction please provide the following documents to be considered for additional funds.**  Documents to Attach:  Complete Kentucky Main Street Design Assistance Request Form  Copy of design and new façade. | | | | | | | | | | | | | |

**PART V APPLICANTS AGREEMENT CONTRACT**

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| **APPLICATION AUTHROIZATION, CERTIFICATION & ACKNOWLEDGMENT** |
| *I/We* ***(names and titles)*** *of the applicant business/property apply for “Approved Project” status from the City of Dayton, Kentucky, City Council, Economic Development Committee herby certify that I/We have been authorized to file this application and to provide the information within the accompanying this application and that the information provided herein is true and complete and that it reflects the applicant’s intentions for investment to the best of my/our knowledge after having conducted reasonable inquiry. I/We understand that the information provided with this application will be relied upon by the City in deciding whether to grant “Approved Project” status and that the City reserve the right to take action against the applicant or any other beneficiary of the Approved Project if the City discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/We make this certification under the pains and penalties of perjury.*  *The applicant's signatures also acknowledge that pursuant to KRS 61.870 et seq., the Kentucky Open Records Act that this application and documents submitted in support thereof are public record.*  *Furthermore, the applicant’s signature confirms that they have reviewed and accepts all parts of this program’s policies.*  Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Title Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Title Date |