



District Development Assistance Application

Date: ___/___/___

Building Address: _____

Building Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Phone: (W) _____ Email: _____

Applicant Name (indicate N/A if same as above): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Phone: (W) _____ Email: _____

Current use of building: _____

Building zoning: _____ Type of architecture : _____

Year building was built: _____ When did your business begin operation? ___/___/___

Business EIN # _____ Merchant Sales Tax # _____

Number of Employees (Full Time) _____ (Part Time) _____

How long has your business been at its current location? _____

Was your business previously located elsewhere? If so, where? _____

Briefly describe your short and long-term goals for your business:

Do you have a business plan? (If so, please include with application.) YES NO

Have any city/county violations been filed against the property? (If so, please explain.) YES NO

Are the building property taxes current? (If not, please explain. *Taxes must be current.*)

YES NO

Briefly describe your target market, as well as your current marketing efforts:

I am applying for the following District Development Program(s):

Business Owner Assistance

- Business Signage Program
- Rental Assistance
- Build-out Assistance
- Marketing Support
- Business Development
- Code Compliance/Health & Hospital Liaison Assistance
- Mentoring
- Employee Recruitment
- Paint Discount Program
- Commercial Façade Improvement Program
- District Marketing Strategy & Support

Property Owner Assistance

- Real Estate Marketing Assistance
- Tenant Recruitment Strategy Assistance
- Commercial Façade Improvement Program
- Code Compliance/Health & Hospital Liaison Assistance
- Paint Discount Program

Developer Assistance

- Land Acquisition Strategy and Implementation Assistance
- Tenant Recruitment Strategy Assistance
- Brownfield Development Funding Program
- Technical Assistance for Pre-Development Activities

I, _____, as an applicant of the East 10th Street Civic Association District Development Programs, hereby give my permission for the East 10th Street Civic Association to use my building, business, name, likeness and image for the purposes of advertising and promoting 10 East Main Street, the Civic Association, and its programs.

Applicant Signature

Date

Please return your completed application to:
East 10th Street Civic Association
2236 East 10th Street
Indianapolis, IN 46201
(317) 808-2398 (fax)