



City of Lawrence  
**LAWRENCE LOCAL LIFT**  
Storefront Improvement Program 2019-2020  
**APPLICATION FORM**

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Date: \_\_\_\_\_

**I. APPLICATION INFORMATION**

1. Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

2. Business Organization of Applicant

Corporation

Partnership

Sole Proprietorship

Business Name: \_\_\_\_\_

3. Proof of Ownership

Tax ID number: \_\_\_\_\_

*\*Attach copy of latest tax bill and proof of payment*

## II. PROPOSED PROJECT INFORMATION

1. Street Address:

*Attach up to 5 images of the existing storefront/building with application*

2. Amount requested:

*Grants will range between \$5,000 to \$15,000*

3. Describe the scope of work for the proposed Storefront Improvement Project (improved awnings, storefront repointing, window updates, etc.):

**III. CERTIFICATION**

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the Lawrence Redevelopment Authority of any changes in the proposed project which may occur. By signing applicant certifies that they have completely read, and agree to, program Guidelines detailed above

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Building Owner

\_\_\_\_\_  
Date

**III. RETURN COMPLETED APPLICATION**

Deliver, Mail, or E-mail completed application to:

Deliver or mail:

Lawrence Planning Department  
Attn: Lawrence Redevelopment Authority/Lawrence Partnership  
12 Methuen Street  
Lawrence, MA 01840

or

E-mail:

[jmartinez@massdevelopment.com](mailto:jmartinez@massdevelopment.com) with subject line "Lawrence Local Lift 2019 application"