



DOWNTOWN KENNEWICK RESTAURANT INCENTIVE GRANT APPLICATION

(Please Type or Print Legibly)

COMPANY INFORMATION

Business Name _____

Contact Person _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Cell _____ Email _____

Company Website (if applicable) _____

Property address/general location (if different from above) _____

PARENT COMPANY INFORMATION (if different from Company Information)

Business Name _____

Contact Person _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ Cell _____ Email _____

Company Website (if applicable) _____

SIZE, INDUSTRY AND BUSINESS LICENSE NO

Retail: Square Feet _____

Restaurant: Square Feet _____

Kennewick Business License No _____

Company's primary NAICS _____

DESCRIPTION

Proposed opening or expansion date of the business _____ Expected daily traffic _____

Description of the business, including products and services being offered:

Weekly hours of operation _____

EMPLOYMENT

Current total number of Full-Time Equivalent employees _____

Number of planned new Full-Time Equivalent employees _____

Number of current employees that live in Kennewick _____

Average salary or wage of current employees _____ New employees _____

EXPENDITURES, CONSTRUCTION, AND IMPROVEMENTS

Description of expenditures and/or facility construction and improvements for grant funding:

Amount of assistance requested per square foot \$ _____

Approximate cost to open the business \$ _____

Personal Investment \$ _____ (Equity)

Bank or other financial commitment \$ _____ Other _____

Building acquisition or construction cost \$ _____

Building Rehabilitation \$ _____ Lease Term _____

Monthly Rent/Lease per square foot \$ _____ Landlord Match _____

GENERAL ELIGIBILITY REQUIREMENTS

To maximize the positive economic and social impacts of the City of Kennewick Downtown Restaurant Incentive Program, certain requirements and guidelines have been established as set forth in the program attached. Businesses applying for incentives must comply with these requirements.

By checking each requirement, you are confirming the company agrees to comply with each one:

- Be a food-related venture, such as a sit down-restaurant, coffee/tea shop, bakery, café, or mobile food establishment
- Be a restaurant business planning to start or expand within the Downtown Kennewick area and provide new or underserved products
- Be a permitted use in compliance with all laws, zoning ordinances, rules, and regulations applicable to the business
- Use the funds provided for approved uses, such as purchase of equipment
- Be located within the business district area bounded by the Columbia River to 1st Ave and Fruitland St to Hwy 397 (Cable Bridge), to include Clover Island
- Meet all other requirements as outlined by the Downtown Kennewick Restaurant Incentive Program

CERTIFICATION

By signing below, I hereby certify and agree as follows:

- I represent the organization identified above and have authority to enter into agreements on behalf of the organization.
- All information submitted in this application is true and correct to the best of my knowledge.
- Application review team may require, and the applicant will provide, additional information as requested to complete the application process.
- I understand that the City of Kennewick is subject to the Washington Open Records Act, and I therefore waive any cause of action against the City in the event the City determines, in good faith, that any applicant data provided to the City must be disclosed if a request is made under the Open Records Act.
- Approval will be given on a case-by-case basis, and the applicant is not guaranteed approval.
- The City is granted permission to use the applicant's name and any amount of incentive granted to illustrate the success of this program.

Name: _____ Title: _____

Signature

_____ Date: _____

Printed Name