

2025 Storefront Improvement Program Application

Name of Applicant:
(First Name, Last Name)
Legal Name of Business/DBA:
City of Evans Business License Number:
Physical Address of Business:
Mailing Address
Mailing Address:(Number, Street or PO Box)
(Number, Street of 1 o box)
(City, State, Zip)
Daytime Phone Number:
Email Address:
Pusiness Description:
Business Description:
Applicant is ☐ Property Owner ☐ Tenant
Applicant is in Property Owner in Perlant
IF TENANT IS THE APPLICANT (complete only if you are not the property owner):
the second contract of
How many years has the business been in operation?
How long has the business been operating at the current location?
When does the current lease expire?
If lease expires in less than two (2) years, please explain the ability to renew:
Number of Full-time Employees
Number of Part-time Employees

Name of Property Owner:
(First, Last)
Property Owner's Mailing Address:(Number, Street or PO Box)
(City, State, Zip)
Property Owner Phone Number:
Property Owner Email Address:
PROPOSED IMPROVEMENTS
Describe the proposed improvements and provide at least two (2) photographs of areas
showing areas to be improved. Send photos to bstone@evanscolorado.gov . (Photos not needed
for grease interceptor projects.)
A separate proposal may be attached. You are encouraged to submit additional information
such as measured plans, site plans, or architectural documentation for improvements (plans,
sketches, altered photos, or construction costs, permit and construction fees and taxes) with
your application.
BID INFORMATION
If work will exceed \$500 in value, obtain two (2) bids for the proposed work and include with
your application.
Bid #1 Company Name:
(Contractor business name, City Location)
Bid #2 Company Name:
(Contractor business name, City Location)
Which company has been chosen to perform the work?
It is the applicant's responsibility to verify that the chosen contractor is licensed with the City of
Evans. If not, the selected contractor must obtain a Business License before work begins or
reimbursement may be delayed or denied.

Does the proposed project require a building permit? \square Yes \square No \square Ur If unsure, staff will review proposal with Community Development Staff; this processing of your application and require further details prior to application Applicants or contractors are encouraged to contact the City of Evans Building determine if a permit is needed; contact the Building Department at 970-475 NHS@evanscolorado.gov.	s could affect n consideration. ng Dept to
If you marked yes above, have you already applied for that permit? Yes	□No
Has permit been issued? ☐ Yes, Permit Number:	□ No
Can the contractor commit to completing the work within six (6) months of or by December 23, 2025, whichever occurs first? \Box Yes \Box No	program approval
Total overall project budget: \$	
Total amount of grant funding request: \$	 maximum and
Desired Completion Date:	
NOTE: Project shall be completed within 6 months of approval or by Decemb	per 23, 2025

whichever occurs first.

PROPERTY OWNER AUTHORIZATION

If the applicant is not the property owner, the prop must review and co-sign this application below:	erty owner or an authorized representative
I, am the ov	wner of the property located at
(First, Last Name)	
(Number & Street Name)	
I have reviewed the above application and authoriz	e the operator of
(Business Name)	
at said address to perform improvements described	above as part of the City of Evans 2025
Storefront Improvement Program.	
Property Owner's City of Evans Business License Nu	mber:
Note: All property owners leasing property shall obt	ain a business license in accordance with
Section 3.04.500 and 3.04.030 of the Evans Municip	al Code.
Signature of Property Owner:	
Signature	Date
Print Name	_

All information must be complete and submitted with this application or will be considered

APPLICATION CHECKLIST

incomplete and may be discarded.			
 □ Completed Application Form □ Letter from the Secretary of State show print from www.sos.state.co.us. 	wing the business is in good standing. Obtain and		
☐ Completed W-9 Form. Obtain and prin	Completed W-9 Form. Obtain and print from www.irs.gov/pub/irs-pdf/fw9.pdf		
	, , , , , , , , , , , , , , , , , , , ,		
·	project (or major elements within a project, see nprovement Program Overview for details). Quotes		
•	nderstand the Evans 2025 Storefront Program dand attached to this application is true and correct.		
Printed Name of Applicant:			
Signature of Applicant:	· -		
Date:			
Application and materials may be delivered Office, 1100 37th St, Evans, CO 80620 or en	d or mailed to City of Evans, Economic Development mailed to bstone@evanscolorado.gov .		
For Office Use only:			
Date, Time Received:	By:		
Materials reviewed by:	Date:		
Project Location: In ERA Area	☐ Not within an ERA Area		
Missing materials:			
Date Applicant was notified of missing mat	terials or program acceptance:		