

Planning and Economic Development Department
Urban Renewal Section
71 Main Street West, 7th Floor
Hamilton, Ontario L8P 4Y5
Phone: (905) 546-2424 Ext. 2755
Fax: (905) 546-2693

\$440.00 Administration Fee to Accompany Application

OFFICE TENANCY ASSISTANCE PROGRAM - APPLICATION FORM (PLEASE ENSURE ALL DOCUMENTS/INFORMATION OUTLINED ON PAGE 4 OF THIS DOCUMENT ACCOMPANIES YOUR COMPLETED APPLICATION)

APPLICANT/BUILDING OWNER INFORMATION (if applicant is other than Owner, Letter of Authorization from the Owner must be attached)			
Name:			
Contact Name:			
Address:			
Telephone:	Fax:		
Cell Phone:			
Email:			
If Corporation or Partnership date of Incorporation/ Registration of Business:			
Names of Registered Shareholders/ Partners (Include Percentages of Ownership):			
Current Institutional Bank or Banks: (including address)			
Solicitor's Name:			
Address:			
Telephone:	Fax:		
Email:			

PROPERTY INFORMATION				
Address:				
Tax Roll Number: (if known)				
Current Use of Property (including number of units and dedicated parking spaces):				
TENANT INFORMATION (UNLESS TENANT IS APPLICANT)				
Name				
Contact Name				
Address				
Telephone	Fax:			
Cell Phone				
Nature of Business				
Current location of business				
Proposed Term o Lease				
Number of Employees to be Accommodated in space to be improved				
Anticipated Occupancy Date				
PROPOSED TENANT IMPROVEMENTS				
Total Number of Square Feet to be improved (if expansion of an existing tenan number of square feet of expansion)				

T							
Details of the proposed leasehold improvements (please attach description of improvements to application if required):							
Estimated cost of leasehold Improvements:							
Have you applied for a Building Permit:	Yes:□	No:					
OTHER INF	OTHER INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)						
	from a Par	tnership or Corporation	oundary owned by the Applicant. include addresses of properties				
Note: This informat taxes owed to the C			ine if there are any outstanding				
Applicant/ Partnershi Corporation Name	p/ Street	Number and Name	City (i.e. Hamilton, Stoney Creek, Waterdown, Dundas, Binbrook)				

I/We hereby grant permission to the City of Hamilton, to carry out the necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information, including checking my/our credit report with a Credit Bureau. Date Signature Date Signature

The personal information on this form is collected under the legal authority of the Planning Act, Section 28. The personal information will be used for determining your eligibility for a loan. If you have any questions about the collection, please contact the Co-ordinator of Urban Renewal Incentives, Urban Renewal Section,, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.

DOCUMENTS REQUIRED WITH APPLICATION

- Completed Application
- Incorporation Documents and list of Officers/Directors/Shareholders
- Partnership Documents and list of partners
- Accountant Prepared Financial Statements (most recent 2 years and current year to date)
- Net Worth Statement (if applicant is applying in a personal capacity)
- Business Plan or Financial Forecast
- Copy of Lease (required when executed)
- Draft Lease (if available)
- Signed Declaration (page 4)

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CONSENT OF THE OWNER

Complete the consent of the owner concerning personal information set out below.

CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

l,	, am the owner of the land that is				
the subject of this application and for the purposes of the Municipal Freedom of					
Information and Pro-	tection of Privacy A	ct authorize and consent to the use by or			
the disclosure to any person or public body of any personal information that is					
collected under the	authority of the Pla	nning Act for the purposes of processing			
this application.					
Name of Owner (please print)		Signature of Owner			
_					
Date					
Owner's Information	on:				
Mailing Address:					
City:					
Postal Code:					
Telephone (H):					
Telephone (B):					
Cell Phone:					
Fax:					
Email:					
If Corporation or Partnership, Name of Registered Shareholders/ Partners and percentages of ownership					
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