



Town of Yorktown

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Yorktown Downtown Revitalization Project Façade Grant Program Application

APPLICANT INFORMATION

Name: _____ Phone: _____ Email: _____

BUSINESS AND/OR PROJECT INFORMATION

Name of Business: _____ Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

PROPOSED IMPROVEMENTS

Storefront Improvements:

Upper Façade Improvements:

Other Improvements: _____

Estimated Timeline: _____ Estimated Cost of Improvements: _____

PROPERTY OWNER INFORMATION (if different from above)

Name: _____ Years Owned: _____

Address: _____ Phone: _____

Email: _____ City: _____ State: _____ Zip: _____

Type of Ownership: _____ Owner's Signature: _____

Improvements Approved:

Applicant's Signature: _____ Date: _____

Certification from Financial Institution

I, the undersigned, hereby certify that the applicant to the Yorktown Downtown Revitalization Project Façade Grant Program has available the financial resources needed to complete the proposed project.

Officer's Signature: _____ Date: _____

Title: _____ Institution: _____