

Storefront Enhancement Program Application

Date Received:

Applicant Information		
Business name:		
Contact name:		
Mailing address:		
Municipality:	Province:	Postal code:
Storefront address:		
Legal description of property (lot/block/plan):		
Phone:	Alternate phone:	
Email:		
Are you a tenant in the building? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, property owner must complete authorization section below.		
Project Information		
Describe the proposed project:		
Expected start date:	Expected completion date:	
Authorization and Declaration		
I confirm, to the best of my knowledge, the information provided is complete and factual. I understand that if any of the information is found to be fraudulent, or if I have withheld any relevant event details, it will be grounds for cancellation of the agreement.		
Applicant Name (print):		
Applicant Signature:	Date:	
PROPERTY OWNER AUTHORIZATION		
I/We _____ owner(s) of the property known as		

hereby authorize (tenant name): _____		
to act on my/our behalf in regard to the above application to the Town of Turner Valley.		
Owner Name (print):		
Owner Signature:	Date:	

Submit applications to: *Monique LeBlanc, Community Services and Business Development Manager*
moniquel@turnervalley.ca 403-933-6206