



Kitchen Grant Program Application



Please fill out the application completely and submit to bsandoval@hemetca.gov or send to:

City of Hemet
Attention: Economic Development Department
445 E. Florida Ave
Hemet, CA 92543
(951) 669 – 0265

*** SECTION 1 - APPLICANT INFORMATION:**

Name: _____

Circle All That Apply: Property Owner Business Owner/Tenant

Business Name: _____

Trade Name (DBA): _____

Property Address: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Entity Type: Sole Proprietor LLC. Corporation Partnership

Total Number of Businesses in Building: _____

Name(s) of Other Businesses:

EIN/Tax ID: _____ UEI Number: _____

*** SECTION 2 - PROPERTY OWNER INFORMATION (Complete even if the current tenant is the applicant):**



*** SECTION 5 – FUNDING REQUEST & BUDGET (Max \$300,000)**

Item/Expense Description	Vendor/Source	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
Total Requested		\$

*** SECTION 6 - ACKNOWLEDGMENT:**

We certify that the owner is the property owner of record and that there are no current zoning code enforcement actions pending against the property. I have read and understand the Program Guidelines and accept them. I certify that I am qualified and will abide by such conditions set forth in this application and all reasonable conditions which may be issued by the City of Hemet in the implementation of this project.

Property Owner(s) Signature: _____ Date: _____

Business Owner(s) Signature: _____ Date: _____