



TOWN OF MAYNARD
Office of Municipal Services
MUNICIPAL BUILDING
195 Main Street
Maynard, MA 01754
Tel: 978-897-1302 Fax: 978-897-8489
www.townofmaynard-ma.gov

The **Maynard Advantage**
New England Living for Everyone

Business Environment Enhancement Program

Application for Award

1. **DATE:** _____

2. **TITLE OF PROPOSED PROJECT:** _____

3. **LOCATION OF PROPOSED PROJECT:** _____

4. **APPLICANT:**

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

6. **BUSINESS OWNER:**

Check if same as Applicant

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

5. **BUSINESS OR ORGANIZATION:**

Check if same as Applicant

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

7. **PROPERTY OWNER (s):**

Check if same as Applicant

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

8. **LETTERS OF AUTHORIZATION FROM OWNER REQUIRED:**

If applicant is not business owner.

If applicant is not property owner.

9. **PROPOSED PROJECT DESCRIPTION:** Please provide a separate project description labeled as "Attachment 'A.'" This should consist of materials including, but not limited to, detailed project description, surveys, plans, photographs and any other materials necessary to allow reviewing entities to sufficiently understand and evaluate project.: _____



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10. APPLICATION DETAILS AND CONDITIONS:

- I/we certify that the building owner is the owner of the property (if applicable).
- I/we have attached a copy of all current leases.
- I/we certify any outstanding code enforcement actions for this property must be addressed prior to receiving an award.
- I/we understand I/we are responsible for attending assigned Economic Development Committee and Board of Selectmen meeting and being prepared to answer any questions.
- I/we have reviewed the program overview and guidelines, have familiarity with responsibilities of each party and understand that:
 - The Business Environment Enhancement Program grant is paid to the applicant as reimbursement for paid invoices to third party contractor(s).
 - All services to be performed by third party contractors shall be the subject of agreement between applicant and contractor(s).
 - The Town shall not assume any liability for such agreements, except as specifically authorized by the program.

11. APPLICANT ACCEPTANCE OF TERMS:

I/we have read and understand the program guidelines, accept the qualifications and conditions and through signature(s) below, certify that I/we are qualified and will abide by such conditions set forth in this application and all reasonable conditions which may be issued by the Town of Maynard in the implementation of this program.

APPLICANT:

BUILDING/PROPERTY OWNER:

By: _____
 (Signature)

By: _____
 (Signature)

By: _____
 (Signature)

By: _____
 (Signature)

Date: _____

Date: _____

12. APPROVED BY BUILDING COMMISSIONER (staff use only):

 (Signature and Date)

13. ECONOMIC DEVELOPMENT COMMITTEE MEETING DATE (staff use only):

14. BOARD OF SELECTMEN MEETING DATE (staff use only):

15. STAFF MEMBER ASSIGNED (staff use only):

This form should be completed and returned to Town of Maynard Office of Municipal Services, 195 Main Street Maynard, MA 01754. For additional



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information, please call (978) 897-1302 or email Bnemser@townofmaynard.net. *Attach additional sheets if necessary.*

Business Environment Enhancement Program

Attachment "A"

Project Description and Materials (provided by applicant)