



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: _____

5. **BUSINESS OWNER:** (Check is same)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

6. **BUSINESS ORGANIZATION:**

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. **PROPERTY OWNER:** (Check is same)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

8. **LETTERS OF AUTHORIZATION FROM OWNER(S) REQUIRED:**

If applicant is not business owner. Yes No

If applicant is not property owner. Yes No



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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 as listed on attachment "A". I accept the qualifications and conditions and through signature(s) below, certify to abide by such conditions set forth in this application and all 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 call 978-897-1302