



CITY OF SAN LEANDRO ECONOMIC DEVELOPMENT DIVISION

835 EAST 14TH STREET, SAN LEANDRO, CA 94577 | (510)577-3323 | DWOODWORTH@SANLEANDRO.ORG

Date

BUSINESS INCENTIVE PROGRAM APPLICATION

Applicant/Business Name			
Property Owner Name			
Site Address			
Mailing Address (if different)			
APN #		Daytime Phone	
Email		Business Tax ID #	

Business Incentive Type:

Commercial (\$45,000 max)	Restaurant (\$45,000 max)	Craft Beverage (\$45,000 max)
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PROJECT DESCRIPTION:

Estimated Total Project Cost	
Requested City Loan Amount*	

*Cannot exceed fifty percent of the estimated total project cost.

Applicant Statement: I have read this application and I understand the program guidelines.

_____ Borrower Signature	_____ Print Borrower Name	_____ Date
_____ Property Owner Signature	_____ Print Property Owner Name	_____ Date

Please attach the remaining application package items before submitting this application.

Staff Comments: