



# CITY OF SAN LEANDRO ECONOMIC DEVELOPMENT DIVISION

835 EAST 14TH STREET, SAN LEANDRO, CA 94577 | (510)577-3311 | LHALLE@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)

### 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: