

Restaurant Operations: Essential Equipment

GRANT PROGRAM APPLICATION

SECTION 1: General Information

Business Name: _____

Business Address: _____

Contact Person: _____

Phone: _____ Email: _____

Website: _____ Social Media: _____

Y / N Business located within Downtown Clearwater CRA boundaries

Y / N Currently Open for Business

Y / N Previous CRA Grant Awardee

Attach City of Clearwater Business Tax Receipt (BTR)

SECTION 2: Property Owner Information

Name: _____

Address: _____

Phone: _____ Email: _____

Property Legal Description: _____

SECTION 3: Essential Restaurant Equipment Information

Project Type (check all that apply): Repair Replace

Description: _____

Attach 2 (two) price estimates per item

Requested Grant Amount \$ _____ (Maximum: \$3,500)

Total Project Cost: _____

Applicant Signature: _____ Date: _____



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