

Sidewalk Café Furniture

GRANT PROGRAM APPLICATION

SECTION 1: General Information

Applicant Information:

Name: _____

Title: _____

Phone: _____ Email: _____

Business Information:

Business Name: _____

Physical Address: _____

Website: _____ Social Media: _____

- Business is located within Downtown Clearwater CRA Boundaries
- Currently Open for Business
- Attach City of Clearwater Business Tax Receipt (BTR)

Property Owner Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Property Legal Description: _____

SECTION 2: Furniture Information

- Tables # _____ Vendor _____ Reference # _____
- Chairs # _____ Vendor _____ Reference # _____
- Umbrellas # _____ Vendor _____ Reference # _____
- Other (Describe): _____
_____ Vendor _____ Reference # _____
- Attach cut sheets indicating furniture dimensions, color, materials, etc.
- Attach proposed or approved sidewalk café site plan.
- Attach 2 (two) price estimates per item

Total Furniture Cost: _____ Requested Grant Amount: _____

Anticipated Installation Date: _____

Applicant Signature: _____ Date: _____



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