



DOWNTOWN CAMBRIDGE

BUSINESS IMPROVEMENT AREA

SIGNAGE & DECORATIVE LIGHTING IMPROVEMENT GRANT APPLICATION

PRIMARY CONTACT INFORMATION

First Name

Last Name

Email

Phone Number

BUSINESS/ORGANIZATION INFORMATION

Business Name

Business Website

Business Address (including postal code)

Business Phone Number

Business Email

PROPERTY OWNER INFORMATION (OPTIONAL)

Property Owner First Name

Property Owner Last Name

Property Owner Email

Property Owner Phone Number

Application Date

Applicant Signature



P.O. Box 1723, Station Galt, Cambridge, Ontario N1R 7G8
info@downtowncambridgeia.ca





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BUSINESS IMPROVEMENT AREA

SIGNAGE & DECORATIVE LIGHTING IMPROVEMENT GRANT APPLICATION

PROPOSAL INFORMATION

Description of proposed improvements - changes:

In order for your application to be considered, you **MUST** attach the following:

1. Photograph(s) of existing storefront/signage.
2. Sketch/rendering(s) of proposed improvements.
3. Copy of quote(s) for proposed work.

Amount Requested

\$

Application Date

Applicant Signature

ADMIN USE ONLY

Amount Granted

\$

Date

Downtown Cambridge BIA Rep Name

Downtown Cambridge BIA Rep Signature



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