



NORTHEAST KANSAS CITY CHAMBER OF COMMERCE
INDEPENDENCE AVENUE COMMUNITY IMPROVEMENT DISTRICT

INDEPENDENCE AVE CID STOREFRONT IMPROVEMENT REBATE (SIR) PROGRAM
APPLICATION

PLEASE PRINT

APPLICANT: _____ DATE: ____/____/____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____ PHONE #: _____

APPLICANT EMAIL ADDRESS: _____

BUSINESS LICENSE # (if applicable): _____

MISSOURI SALES TAX #: _____

PROPERTY OWNER: _____ PHONE #: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER EMAIL ADDRESS: _____

PROJECT DESCRIPTION: _____

ECONOMIC IMPACT (How Will the Proposed Improvements Help Your Business?):

ATTACHMENTS:

- PHOTOS OF PROPERTY
- DRAWINGS OF PROPOSED IMPROVEMENTS
- COPY OF LEASE (if applicable)
- IRS **FORM W-9** <https://www.irs.gov/forms-pubs/about-form-w-9>
- CHOSEN CONTRACTOR(S) CONTACT INFORMATION
- ADDITIONAL PAGES

I hereby acknowledge understanding the Storefront Improvement Rebate (SIR) Program guidelines, and I agree to the requirements as stated in the SIR Brochure:

X _____
Business Owner Signature (if applicable) *Date*

X _____
Property Owner Signature (if applicable) *Date*