



PROJECT APPLICATION

Applicant(s) Name: _____

Applicant is (check all that apply): ___ Property Owner ___ Business Owner/Merchant

Property Owner (s): _____

Address: _____

City, State, ZIP _____

Phone / Fax # _____

Business Owners (s): _____

Business Name: _____

City, State & ZIP: _____

Phone / Fax #: _____

Years In Business: _____ Start and End Date of Lease*: _____

* If application is approved, Lease or Deed of Trust will be requested

1. Choose the specific improvement(s) you would like to make to your façade:

___ Awning ___ Signage ___ Doors/Entryway
___ Windows ___ Paint ___ Lighting ___ Other: _____

2. Choose the specific improvement(s) you would like to make to your interior:

___ Interior Design ___ Demolition and Reconstruction ___ Electrical/HVAC/Mechanical/Plumbing
___ Accessibility Upgrades ___ Fixed Equipment ___ Other: _____

3. Please describe in detail the work you wish to complete.



2. How will this façade and/or the tenant improvement(s) help your business?

3. What is your estimated contribution for this project? _____

4. What alterations have been made to the original building? _____

5. Is your building made of un-reinforced masonry? Yes No Don't Know

6. Has the building been retrofitted? Yes No Don't Know

7. Is your business Americans With Disability Act (ADA) compliant? Yes No Don't Know
If no or don't know, do you want to have your business assessed for compliance?
 Yes No

8. Do you carry the following insurance coverage?

Proof of insurance must be provided prior to the start of any work.

Workers Compensation Yes No

Commercial General Liability Yes No

Business Auto Insurance Yes No

I have read the program description of the Office of Economic and Workforce Development's SF Shines Program and understand that **I cannot start work on any improvements** until my application is approved and an agreement is signed with the Office of Economic and Workforce Development.

Applicant's
Signature: _____

Title: _____

Date: _____

Please return completed application to:

Office of Economic and Workforce Development, SF Shines Program
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 443
San Francisco, CA 94102
Attn: Vivian Ann Hopkins

