



REDEVELOPMENT & NEIGHBORHOOD SERVICES DEPT.
130 Cremona Drive, Suite B, Goleta, CA, 93117
805-961-7500

STORE FRONT IMPROVEMENT PROGRAM (SFIP) APPLICATION

NAME: _____ PHONE: _____
(Please print)

MAILING ADDRESS: _____

PROJECT ADDRESS: _____

ESTIMATED COST OF IMPROVEMENTS:

MULTIPLE BUSINESSES Yes No IF YES, # OF STOREFRONTS:

DESCRIPTION OF WORK: _____

DOES THE PROPERTY HAVE A MIXED USE (RESIDENTIAL/COMMERCIAL)? _____

I have read the SFIP program guidelines and will comply with them as a requirement to be considered for a SFIP Grant. Submittal of an application does not constitute an obligation of the City to provide program assistance. All applications are subject to review and approval in compliance with all applicable rules and regulations.

SIGNATURE

DATE

PRINT NAME

(Note: Property owner signature required. See other side)

**IF THE APPLICANT IS THE TENANT,
THE OWNER MUST COMPLETE THE FOLLOWING PORTION.**

OWNER'S AUTHORIZATION TO FILE APPLICATION

My signature below shall serve as authorization for the above-named tenant to apply for the SFIP and proceed with the physical improvements desired above. I certify that I am the legal owner of record of the above-named property.

SIGNATURE

DATE

PRINT NAME