



**Planning and Economic Development Department
Commercial Districts and Small Business Section**

71 Main Street West, 7th Floor
Hamilton, Ontario, L8P 4Y5
Phone: (905) 546-2424 Ext. 2755

\$590.00 Administration Fee to accompany application

Please ensure all required signatures are obtained and all documentation/information outlined on page 5 of this document accompanies your completed application

START-UP & OFFICE TENANT ATTRACTION PROGRAM				
Property Address				
Is the building owner the applicant to the program?	Yes		No	
If applicant is other than Owner of the Property/Building, a Letter of Authorization from the Owner of the Property/Building must be attached to this application				
THE APPLICANT - Please Print				
Applicant - (Name of Corporation or Partnership - if applicable, otherwise name(s) of Individual Owners)				
Contact Name				
Address of Applicant		City		
Postal Code		Email		
Telephone Number		Cell Phone Number		
Nature of Business				
Current Address of Business				
Applicant Information if a Corporation/Partnership				
Date of Incorporation		Date of Business Registration		
Names of Registered Shareholders/Partners	%	Names of Registered Shareholders/Partners	%	
Add additional pages as needed				
Are you or any of the Directors/Shareholders/Partners/Owners in litigation with the City of Hamilton?	Yes		No	

Is the Applicant applying as a business start-up as defined in the program description?					Yes		No	
If the Applicant is applying as a Start-Up, is the office space a minimum of 500 square feet? Please answer the question then proceed to the section titled, "Start-Up Businesses or Incubator Information".					Yes		No	
Is Application for new office space	Yes		No		Is Application for expanded office space	Yes		No
Is the new or expanded office space a minimum of 1000 square feet?					Yes		No	
Is the use of the space for an office, commercial school or communications establishment?					Yes		No	
Is the use of the space for a production studio only where digital media uses such as animation studio and associated software development and processing occur?					Yes		No	
START-UP BUSINESSES OR INCUBATOR INFORMATION								
Name of Current Start-Up /Business Incubator								
Address of Incubator where applicant leases currently (if applicable)			City					
Contact person at Incubator			Email					
Telephone Number			Cell Phone Number					
Tenancy Start Date at Incubator			Tenancy End Date at Incubator					
PROPOSED PROJECT (TO BE COMPLETED BY ALL APPLICANTS)								
Estimated Cost of overall project		Estimated Cost per Sqr. Ft.		Construction Start Date				
Anticipated date project 50% Complete		Anticipated date project 75% Complete		Anticipated date of Project Completion				
Estimated cost of eligible leasehold improvements		Term of lease (if applicable)		Occupancy Date				
If expanding the office, square footage of gross leasable office space of current Hamilton office (before expansion)		If expanding the office, square footage of gross leasable office space (expansion area only) to be improved to which this application is applicable		If office is new to Hamilton, square footage of gross leasable office space to be improved to which this application is applicable				

Description of the proposed improvements: Attach at least one (1) copy of architectural or design plan prepared by a professional (if available) or prepare a sketch showing proposed improvements.

Have you applied for a building permit?	Yes		No	
Is the office use going to create new jobs in the City of Hamilton?	Yes		No	
If yes, please indicate the number of full-time and part-time positions that will be created?	Full-Time		Part-Time	

CONTACT INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)

Solicitor- Firm's Name				
Solicitor's Name				
Address		City		
Postal Code		Email		
Telephone Number		Cell Phone Number		

Architectural or Engineering Firm's				
Architect's or Engineer's Name				
Address		City		
Postal Code		Email		
Telephone Number		Cell Phone Number		

Project Monitor Firm's Name:				
Project Monitor's Name				
Address		City		
Postal Code		Email		
Telephone Number		Cell Phone Number		

OTHER INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)

Addresses of other properties in the City of Hamilton Boundary owned by the Applicant. If the application is from a Partnership or Corporation include addresses of properties owned by the Partnership or Corporation.

Applicant/Partnership/ Corporation Name	Street Number and Name	Area of City (i.e. Hamilton, Stoney Creek, Waterdown, Dundas, Binbrook, Ancaster)

APPLICANT TO COMPLETE

CRIMINAL OFFENCE

Question to be answered by all applicants. For Applicants that are Corporations, this question must be answered by all principals of the Corporation.

Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
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Applicant Name (Please Print)	Signature	Date		
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Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
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Applicant Name (Please Print)	Signature	Date		
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Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
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Applicant Name (Please Print)	Signature	Date		
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Please note that if the answer is "yes", submission of a criminal conviction record check may be required.

**SIGNATURE OF APPLICANT(S)-AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION**

I hereby grant permission to the City of Hamilton, to carry out the necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information, including checking my/our credit report with a Credit Bureau, discussing the terms and conditions of my/our mortgage(s) with the mortgagee(s) (if applicable) and searching for bankruptcies. I hereby authorize, and consent to, the use by, and the disclosure to, any person or public body of any information, including personal information that is collected for the purposes of processing this application. I also give permission to the City of Hamilton to utilize photographs of the property in their promotional material. I/we solemnly declare, I/we have authority to bind the entity.

I solemnly declare that the information contained in this application that I have provided is true, and that the information contained in any documents that I have provided that accompany this application is true.

Name (please print)	Signature	Date of Birth	Date

Please Note: Date of birth is required for bankruptcy searches.

DOCUMENTS/INFORMATION REQUIRED WITH APPLICATION

Attached	Outstanding	
		Completed Application Form
		Cheque for Administration Fee - payable to City of Hamilton
		Articles of Incorporation (If applicable)
		Articles of Amendment (if applicable)
		List of Officers/Directors (if applicable)
		List of Shareholders and Percentage Equity (if applicable)
		Shareholder registry (If applicable)
		Partnership Documents (if applicable)
		List of Partners and Percentage equity (If applicable)
		Explanation of Planning/Building Status i.e. Site Plan, building permit number if issued, drawings.
		Architectural or design plan (If available, or sketch showing proposed improvements
		Photos demonstrating state of property prior to construction/renovation taking place. Hard copies of photos are to be date stamped.
		Construction budget dated within 6 months of date of application
		Contracts in Place
		Details of all Financing (Principal amount, term of the loan, repayment terms, securities required etc.)
		Accountant Prepared Financial Statements (most recent 2 years and current year- to-date)
		Business Plan or Financial Forecast
		Construction Pro-forma
		Cash flow for the period of construction and the term of the City's loan indicating anticipated dates for 50%, 75%, 100% complete.
		Net Worth Statement (identify existing guarantees pledged for other financial commitments and the value of the pledge(s)). If owned by an individual, the net worth statement of the individual is required. If owned by a corporation, the net worth statements of primary shareholder(s) required. If owned by a Partnership, net worth statements of each partner is required.
		Copy of Lease between the Applicant and Business Incubator (if applicable)
		If applicant is other than Owner, Letter of Authorization from the Owner must be included

Please note: The completion of all areas of the Application on Pages 1 to 7 and the inclusion of the above information/documentation (unless deemed to be non-applicable by the City) is required for the application to be considered complete. The City reserves the right to reject any incomplete application.

The information on this form is collected under the legal authorities provided in the Municipal Act, 2001, the Municipal Freedom of Information and Protection of Privacy Act and the Planning Act and will be used primarily to determine grant eligibility. If you have any questions about the collection of this information, please contact the Co-ordinator of Urban Renewal Incentives, Commercial Districts and Small Business Section, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.

Pages 6 and 7 must be completed by the Property Owner.

PROPERTY OWNER TO COMPLETE PAGES 6 AND 7

PROPERTY OWNER

(If the Owner is the Applicant and the information is the same as that provided in Applicant section, just indicate "Same as applicant" in the applicable area)

Property Owner - (Name of Corporation or Partnership - if applicable, otherwise name(s) of Individual Owners)			
Contact Name			
Address		City	
Postal Code		Email	
Telephone Number		Cell Phone Number	

Corporation/Partnership

Date of Incorporation		Date of Business Registration	
Names of Registered Shareholders/Partners	%	Names of Registered Shareholders/Partners	%

Add additional pages as needed

Are you or any of the Directors/Shareholders/Partners/Owners in litigation with the City of Hamilton?	Yes		No	
Have you or your tenant(s) been approved for a loan(s) under this program or a previous versions of this Program from the City of Hamilton for this property?	Yes		No	
If yes, has the loan been repaid in full?	Yes		No	

THE PROPERTY

Property Address			No. of Storeys	
No. of Existing Commercial Units		No. of Existing Residential Units		Total No. of Existing Units
No. of New Commercial Units Proposed		No. of new Res. Units Proposed		Total New Units Proposed
Total No. of Commercial Units		Total No. of Residential Units		Total No. of Units

CURRENT USES

For each storey of the building (i.e. Below grade; ground floor; second floor etc.) indicate the number of occupied commercial and/or occupied residential units, number of vacant commercial and/or vacant residential units, approximate square footage of commercial units. (Add additional pages if necessary):

Current Uses:

PROPOSED USES

Will the proposed uses be the same as the current uses?	Yes		No	
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If the Proposed Uses will differ from the current uses please indicate for each storey of the building what the proposed uses are, the number of commercial and/or residential units and the approximate square footage of the commercial units. (Add additional pages as needed).

Proposed Uses:

CRIMINAL OFFENCE

Question to be answered by all Property Owners. For Property Owners that are Corporations, this question must be answered by all principals of the Corporation.

Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
Property Owner Name (Please Print)	Signature	Date		
Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
Property Owner Name (Please Print)	Signature	Date		
Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
Property Owner Name (Please Print)	Signature	Date		
Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon?	Yes		No	
Property Owner Name (Please Print)	Signature	Date		

Please note that if the answer is "yes", submission of a criminal conviction record check may be required.

**SIGNATURE OF PROPERTY OWNER(S)-AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION**

I am the owner of the land that is the subject of this application and I hereby authorize, and consent to, the use by, and the disclosure to, any person or public body of any information, including personal information that is collected for the purposes of processing this application. I also give permission to the City of Hamilton to utilize photographs of the property in their promotional material.

I solemnly declare that the information contained in this application that I have provided is true and complete, and that the information contained in any documents that accompany this application that I have provided is true. I have reviewed the information provided by the applicant. I/we solemnly declare, I/we have authority to bind the corporation/partnership.

Property Owner's Name (Please Print)	Signature	Date

The information on this form is collected under the legal authorities provided in the Municipal Act, 2001, the Municipal Freedom of Information and Protection of Privacy Act and the Planning Act and will be used primarily to determine grant eligibility. If you have any questions about the collection of this information, please contact the Co-ordinator of Urban Renewal Incentives, Commercial Districts and Small Business Section, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.