



SMALL BUSINESS MICRO GRANT

APPLICATION CHECKLIST


NAME/Business Name _____

Date of submission _____

- All application sections completed
- Copy of W-9
- Copy of NJ Business Certificate
- Proof of property taxes paid
- Signature of landlord (if applicable)

Borough of Merchantville

 1 West Maple Ave

 856-662-2474 ext. 312

 communitydev@merchantvillenj.gov





SMALL BUSINESS MICRO GRANT

BUSINESS INFORMATION

Applicant Name :

Business Name :

Signature :

Business Address : _____

Phone Number : _____ E-Mail : _____

Property Owner Name :

Property Owner Address :

Signature :

Date of application : _____


Property Tax Status : Current Attach certification from Merchantville Borough Tax Collector

Business Type : _____

Description of planned improvements (attach additional sheets if necessary)

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ADDITIONAL DETAILS

Total projected cost (itemized) : _____

Briefly explain the positive impact the proposed work will have on the business and the downtown

: _____

OFFICE USE ONLY

Date	: _____	Approved/denied	: _____
Award amount	: _____	Payment Type	: _____
Name	: _____	Signature	: _____