

*For office use only*

**Building ID No:**

**Status:**

**Date Received:**

**Grant Approved:**

**Drawdown:**

**DUBLIN CITY COUNCIL**  
**SHOPFRONT IMPROVEMENT SCHEME 2018**  
Supporting a Better Business Environment in The Liberties Dublin

## APPLICATION FORM

### APPLICANT DETAILS

1. Name of Applicant

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2. Address for Correspondence

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.....

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3. Email Address

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4. Contact Phone Number

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5. Tax Clearance Cert Number

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6. Expiry Date

.....

### PREMISES DETAILS

6. Address of Premises

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*(if different to 2 above)*

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7. Do you own the property?

Yes  No

8. Are you leasing the property?

Yes  No

*\*You should include a copy of the lease agreement or the written agreement of your landlord with your application.*

