

For office use only

Building ID No:

Status:

Date Received:

Grant Approved:

Drawdown:

DUBLIN CITY COUNCIL
SHOPFRONT IMPROVEMENT SCHEME 2020
Supporting a Better Business Environment

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

.....

4. Contact Phone Number

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5. Tax Clearance Cert Number

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6. Access Number

.....

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

* Please note it is the applicant's responsibility to ensure they have permission to undertake work to the building under their lease or rental agreement.

