

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 _____

2. Address for Correspondence _____

3. Email Address _____

4. Contact Phone Number _____

5. Tax Clearance Cert Number _____

6. Access Number _____

PREMISES DETAILS

6. Address of Premises _____
(if different to 2 above) _____

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.

