

For office use only

Building ID No: 24/

Status:

Date Received:

Grant Approved:

Drawdown:

DUBLIN CITY COUNCIL

SHOPFRONT IMPROVEMENT SCHEME 2024

Supporting a Better Business Environment in South West Inner City

APPLICATION FORM

APPLICANT DETAILS

1. Name/Company Name of Applicant _____

2. Address for Correspondence

3. Email Address _____

4. Contact Phone Number _____

5. Tax Reference Number _____

6. Access Number (TCAN) _____

- i. Payments under this scheme will only be made to Applicants with the same Name and Address as provided here.
- ii. Your Tax Clearance Certificate can now be viewed online by third parties with access to your Tax Reference Number and TCAN.
- iii. Please note that payments from Dublin City Council can only be made to Applicants with an up to date Tax Clearance Certificate.

PREMISES DETAILS

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

7. Do you own the property? Owner Lessee

- iv. It is the Applicant's responsibility to ensure they have permission to undertake work to the building under their lease or rental agreement.

8. Are you up to date with your Commercial Rates? Yes No

