



Goldthorpe

Business Security Grants Application Form

1. Applicant's Details

Applicant Name:

Applicant Address:

Telephone:

Email:

2. Business Details & Project Description

Business Name:

Business Address:

Telephone:

Email:

Are you VAT registered?

Y

N

If yes, VAT registration no:

Are you?	<input checked="" type="checkbox"/>	Please send in with your application:
Owner	<input type="checkbox"/>	Proof of ownership (e.g. land registry entry)
Landlord	<input type="checkbox"/>	Copy of lease
Tenant	<input type="checkbox"/>	Copy of lease and Landlords written permission

Please state if you have received any prior Business Support provision

3. Business Details & Project Description

Bank Account Name		
Bank Account Number		
Sort Code		

Please outline the proposed works including types of materials and colours (please include photos of current shop front and plans for improvements):

4. Details of the grant

Please outline how you feel these proposals address security issues with your shop and how it will benefit customers, your employees and other local businesses.

5. Timescales & estimated cost of works

Proposed Start
Date:

Proposed Completion
Date:

Costs:

Item	Quote 1	Quote 2
Sub Total	£	£
VAT	£	£
Grand Total	£	£
Amount of grant requested (80% of cost up to maximum £2,500) Please note if VAT registered grant should be calculated on net costs.	£	£

Checklist

I have enclosed: (please tick all relevant boxes)	<input checked="" type="checkbox"/>
Photos of current shop front	
Location plan to scale with at least two road names on, a north point on and the property edged red (if planning permission required)	
Elevation drawing to scale of existing shop front (if planning permission required)	
Elevation drawings to scale of proposed shop front (if planning permission required)	
Proof of ownership or Copy of Lease	
Written permission from Landlord (applicable to tenant)	
Copy of quote (s)	

6. Declaration and Signature

1. I am aware that a funding agreement (with terms and conditions) will be issued once funding is approved.
2. I undertake to advise the Council of any changes to the details contained in this application.
3. I declare that all the information I have supplied is correct and I am aware any false declarations may invalidate my application.
4. I hereby consent that the information that I have provided may be utilised to establish whether I have any outstanding debts or previous concerns raised by Regulatory services with the Council.

Signature of applicant:

Position:

Print Name:

Date:

PLEASE RETURN THE COMPLETED FORM TO: shopfrontgrants@barnsley.gov.uk

Teresa Williams
Economic Regeneration
Growth and Sustainability Directorate
Barnsley Council
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Westgate
BARNSELEY
S70 9FD