

Marlborough Amenities Program Application

Purpose:

The Marlborough Amenities Program will provide financial assistance to qualified applicants by reimbursing one year of rent (up to \$15,000) and 50% (up to \$10,000) of equipment costs.

Eligibility Requirements and Guidelines for Rental and Equipment Reimbursement:

- *New/Expanding Businesses.* Applicants must seek to (i) locate a new for profit business in Marlborough, or (ii) relocate an existing for profit business from outside Marlborough.
- *Commitment to Marlborough.* Applicant must demonstrate that they are willing and able to enter into a multi-year lease, with a minimum three (3) year term, and must demonstrate that they have the financial ability to achieve successful long term operations in the new or existing location.
- Qualified applicants will receive one year's rent (up to \$15,000) on a reimbursement basis upon receipt of documentation that the required periodic rent payment was paid and received by the landlord.
- Qualified applicants will receive assistance with equipment costs (up to \$10,000) on a reimbursement basis once three quotes have been obtained and proof of purchase is submitted.
- All reimbursements shall commence after the business is open and will be paid by check and made payable to the business owner, as outlined in the lease.

Instructions:

Please fill out the entire application and submit it with attachments either via email or in hard copy to:

Linda Martins
Marlborough Economic Development Corporation
91 Main Street, Suite 204
Marlborough, MA 01752
lmartins@marlboroughedc.com

Attachments:

- Certificate of Good Standing
- Personal Financial Statement
- Updated Business Plan
- Lease Agreement (copy)
- Three quotes per piece of equipment
- *Other Materials as Deemed Necessary

Business Information

Name of Business:

Business Address:

Street

City

Zip

Please indicate if this business is new or existing:

Type of Business:

Contact Name:

Contact Phone:

Contact Email:

Please provide a brief description of the business:

If applicable, location of other operations:

Please indicate whether the lease is gross or triple net, and specify amounts:

Name of Landlord:

Landlord Phone:

Landlord Email:

Project Information

Please describe the use of equipment reimbursement funds:

Please indicate the estimated total equipment cost or the total amount budgeted for equipment:

\$

Does the project require you to obtain a building permit? _____ Y _____ N

If yes, please attached a copy of your permit approvals.

Signature and Certification

I have read and understand the guidelines of the Marlborough Amenities Program. I understand that approval for funds is based on the approval of the Marlborough Economic Development Corporation's Executive Committee and subject to the availability of funds. I hereby certify that the information provided in this application is true and complete.

Signature

Date