



Reedley City Hall
 Community Development Department
 1733 9th Street
 Reedley, CA 93654
 Phone 559-637-4200
 Fax 559-637-2139

**Business Storefront Improvement Program
 Application**

Applicant Information	For Office Use Only
	Permit # _____ New/Renewal _____

Name of Applicant:	
Business Name:	
Project Address:	
Phone:	Fax:
Applicant Signature:	
Property Owner Name (if different):	
Address:	Phone:
Email:	Fax:

TO BE COMPLETED BY APPLICANT The following items are required to process an Application.	TO BE COMPLETED BY CITY STAFF		
	YES	NO	N/A
<input type="checkbox"/> City of Reedley Business License			
<input type="checkbox"/> Valid Insurance Policy (naming City as additional insured)			
<input type="checkbox"/> Improvement in City right-of-way			
<input type="checkbox"/> Two qualified construction estimates submitted			
<input type="checkbox"/> Project meets eligibility requirements			
<input type="checkbox"/> Administrative Review/Application Fee (\$100.00)			
<input type="checkbox"/> Detailed Project Description Submitted (budget, construction timeline, etc.)			
<input type="checkbox"/> Drawings and color samples provided			
<input type="checkbox"/> Amount of reimbursement requested			\$

I will defend, indemnify and hold harmless the City of Reedley, its officers and any employees or contracted personnel from any and all loss, liability, damages, or judgments resulting from any claims made against any of them for injury to person(s) or property by reason of, or in connection with, the operation of any outdoor facility or activity on a public sidewalk, pedestrian right-of-way, or public street/alley, or for injury to person(s) or property by reason of or occurring on the premises occupied by persons engaged in activities associated with this program in any manner, whether contracted on non-contracted. I further agree to repair any damage caused to the sidewalk, pedestrian right-of-way, public street/alley, or any public utility caused during activities associated with engagement within this program at my expense.

Applicant Signature: _____

Date: _____

Approved: Yes No

Staff Review: _____

Date: _____