**Business Incentive Scheme 2024**

**Retail & Hospitality Supports Application Form**

Applicant Name & Contact Details

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| Applicant Name: |  |
| Applicant Address: |  |
| Property Address: |  |
| Business Name (currently operating from the premises): |  |
| Contact Phone No: |  |
| Contact Email: |  |
| Interest in Property (owner or tenant\*):  ***\*Please also include a letter of consent from the owner*** |  |
| If you are a tenant, please state remaining No. of Years on lease: |  |
| Supports applied for (tick one only): | * Mentoring Assistance   or   * Physical Improvements |

Mentoring Assistance

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| Type of Mentoring Required |

Physical Improvement - Details of Works Proposed

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| Type of Works Proposed (see Notes below) |

**Note 1:** Please include supplementary information with exact details of works proposed including a copy of relevant plans, designs and specifications for proposed works. Two quotations are required, and all applications must include colour photographs of the existing property.

**Note 2:** Works commenced prior to grant approval will not be funded. However, consideration will be given to works completed since 1st January, 2024.

**Note 3:** Applicants to familiarise and take reference from ‘County Kildare Shopfront Guidelines’ (2013) by Kildare County Council when considering their shop front proposals.

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| **Planning Consents** | Please Tick |
| 1. Please confirm that you have consulted with the planning section of LCC prior to the commencement of works |  |
| 1. Please confirm that the planning section of LCC are satisified with the proposed plan of work |  |
| 1. Please confirm that the necessary planning consents have been obtained |  |
| 1. Please confirm that the proposed works shall not interfere with any existing planning conditions relating to the property / site |  |
| 1. Please confirm if the proposed works relate to a property on the Record of Protected Structures |  |

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| **Costings** | **Cost of Works** | |
| Total Cost of Works  **(Please include at least 2 quotations for these works)** | Quotation 1:  Quotation 2: | |
| How much grant funding are you seeking?  **(Max=50% up to a max of €700)** |  | |
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| **Customer Rates to be paid in full or a rates payment plan to be agreed** | | Rates Customer Account Number: |

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| **Timelines for the undertaking and completion of Works** | |
| Estimated Start Date: |  |
| Estimated Completion Date: |  |

Declaration

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| **I declare that I have read, fully understand and agree with the terms and conditions, assessment criteria and payment terms of the scheme and I confirm that, where required, I have applied for any necessary consents or permissions, statutory or otherwise.** | |
| SIGNED: |  |
| DATE: |  |

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| COMPLETED FORMS, TOGETHER WITH SUPPORTING DOCUMENTATION SHOULD BE RETURNED TO:  Local Enterprise Office, Longford County Council, Áras an Chontae, Great Water Street, Longford.  Tel: 043 3344284 Email: info@leo.longfordcoco.ie |

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| * **CHECKLIST** * Fully completed application form (all answers filled in) * Letter of Consent from Property Owner (if property is rented) * Copy of relevant plans, designs and specifications for proposed works.   **ADVISORY NOTE:** Planning permission may be required for some works and it is the applicant’s responsibility to ensure the requirements for planning permission have been met. Such requirements will not be dealt with through the application process for this scheme.   * Colour photographs of the existing unit. * 2 quotations required for the works proposed. * Copy of current tax clearance cert. * Rates Customer Account Number. * Contractors engaging in work for which funding may be sought must be **Tax Compliant**. |

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