

**Business Façade Improvement Grant Program
AGREEMENT FORM**

THIS FORM MUST BE NOTARIZED

The undersigned building owner(s) and business owners/tenant(s) acknowledge the applicant as _____ (name) and affirm that:

1. The information submitted herein is true and accurate to the best of my (our) knowledge.
2. I (we) have read and understand the requirements and conditions of the Business Façade Improvement Grant Program administered by Selah Downtown Association.
3. I (we) agree to comply with all requirements and conditions stated herein.

Property Owner(s) *

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

* Property Owner as determined by the Yakima County Tax Assessor's Office.

Note: All property owners must complete and sign this Agreement.

Business Owner(s) / Tenant(s)

Name: _____

Address: _____

Phone: _____ Email: _____

WA ST Business License No. _____

Signature: _____ Date: _____

Note: All business owners / tenants must complete and sign this Agreement.

NOTARY COMPLETES THE FOLLOWING SECTION:

On this ____ day of _____, 20__ in the county of _____,
State of _____, the person _____, being of legal
age, personally appeared before me to be the person whose name is herein subscribed.

NOTARY SIGNATURE _____

Notary Public, County of _____.

Official Use

Notarized Agreement received: _____, 2017 By: _____