

## A- Identification of building or business

Corporate name		Type of commercial activity
Address		Postal code
Telephone	Fax	E-mail

## B- Applicant Owner Tenant Owner-occupant

Name of company or individual		
Address		
City		Postal code
Telephone	Fax	E-mail

## C- Agent acting on behalf of applicant (if applicable)

Last name and first name		Title
Address		
City		Postal code
Telephone	Fax	E-mail

## D- Information on the project

M    D    Y	M    D    Y
Start of work (expected date) _____	End of work (expected date) _____

## E- Information on other municipal programs

Has another application for financial assistance been made to the city for the same carry-out work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which program or context?

## F- Documents to be submitted with the application

Power of attorney	<input type="checkbox"/> attached <input type="checkbox"/> to be provided <input type="checkbox"/> not applicable	<b>If the application is submitted by the owner or owner-occupant:</b>
Itemized estimate	<b>Required</b>	Proof of ownership or signed offer to purchase <b>Required</b>
Attestation from an authorized professional* <b>Required</b>	<b>Required</b>	<b>If the application is submitted by the tenant:</b>
* <u>A signed document by an authorized professional confirming that the building met the barrier free design standards set out in the Code or the municipal/borough by-law in force at the time of its construction or at the time of last renovation</u>		«Document providing permission from the owner to carry out work» <input type="checkbox"/> attached <input type="checkbox"/> to be provided
		Lease <input type="checkbox"/> attached <input type="checkbox"/> to be provided

## G- Declaration of applicant

I, the undersigned,

am requesting a subsidy from the city under By-law establishing the Retail Business Accessibility Program RCG 17-011);

- confirm that the building for which the application is submitted is or will be used, in whole or in part, for commercial activities;
- acknowledge that I have been informed not to begin work without prior written permission from the Service du développement économique confirming the project's eligibility;
- authorize visits or work inspections at any reasonable time;
- authorize the disclosure of information and statistical data related to the project;
- declare that the above information is true and complete.

Full name (in block letters)	Signature	M    D    Y
_____	_____	_____ _____ _____

### To transmit your application:

**By mail:**

or

**By E-mail:**

PAAC  
Service du développement économique  
700 Rue De La Gauchetière Ouest, 28<sup>th</sup> floor  
Montréal QC H3B 5M2

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