

Summerside GROW

New Neighbour Capital Credit- Application

Please [click here to review the application guidelines](#) before proceeding.

All applications are to be submitted to GROW@summerside.ca.

Primary Contact		Business Information	
First & Last Name		Operating Name	
Email Address		Business Registration Number	
Mailing Address		Business Address	
Phone Number		PID #	
Position or title within Business		<i>Please note the business address must be located in Downtown Summerside.</i>	
		Website	
		Social Media	
Which of the options best represent your business or property ownership status? Property Owner Business Owner; Tenant <i>Who is the Property/Landowner?</i> _____ Business & Property Owner Purchaser under Agreement Other: _____ If you are renting, please attach your signed lease or confirmation of rental lease from the property owner. Yes			
Project Information			
Project Location: Address	Project Location: PID #		
<i>Leave blank if same as above</i>	<i>Leave blank if same as above</i>		
Date of anticipated business opening	Size of business space (sq ft)		
How many employees do you anticipate hiring? Please indicate if you plan to hire in phases.			
Which of the options best represent your business type?	Retail / Goods and Services Restaurant / Food Services Personal Services (<i>appointment or walk-in based</i>) Professional Services (<i>appointment based</i>) Health / Medical Technology Industrial / Trades Creative Industries		

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Project Summary:

Provide a short (50-75 words max) summary of your business and how it fits in Downtown Summerside. This summary may be included as part of a funding announcement or press release.

Project Description:

In 200 words or less, please describe your business plan and what upfront costs you are facing as a new business in Downtown Summerside.

Project Impact

Describe the impact on your business if you do not receive this support.

Application Checklist:

Written Application

Signed lease and approval from property owner *as applicable*

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Terms and Conditions

By submitting this application, I confirm that:

1. I am submitting with full knowledge and approval of the property owner and business owner.
2. I have the authority to submit this request and agree to the conditions described below
3. All information submitted is true and accurate to the best of my knowledge
4. My business has or will obtain all necessary insurance and safety as recommended.

Should the City of Summerside agree to provide support for the project proposed in this application, I agree:

1. To indemnify, defend, and hold harmless the City of Summerside, its employees, councillors, and volunteers from liability of any kind, including any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged through the Applicant's opportunity
2. To use any funds granted by the City of Summerside to support the project described in this application, and to proactively communicate any major changes to the scope or activities.
3. To notify the City of Summerside if I am unable to complete the opportunity within the time frame submitted.
4. To submit a final report outlining impact of funding to the City of Summerside via the Department of Economic Development.

I agree with the above Terms and Conditions

Date: _____

Printed name: _____

Signature: _____