

Enterprising Town Centre

Golden Hello application



- i) Please read the eligibility criteria, frequently asked questions and other information provided on www.nwleics.gov.uk/businessgrants prior to completion of this document.
- ii) You will be asked to provide **three** quotes for the costs of the investment project during the application process

* indicates that this field must be completed

1. Company details

Company name *

Trading name*

Address of registered office:

Postcode*

Building name

Street

District

Town*

County

Main contact:

The main contact at the company that all correspondence regarding this application shall be addressed to

Title*

Telephone number*

First name*

Email*

Surname*

Company website address*

Position*

How did you hear about Enterprising Town Centres?

2. Further details

Please use this section to specify how your project will contribute to the schemes aims to enhance the unique character and identity of the town and to increase spend, footfall and occupancy within the district's town centres.

This section can also be used to specify any further information to support your application.

Company type

Limited liability company

Limited liability partnership

Franchise

Partnership

Sole trader

Business sector*

Company number*

Turnover (last year)*

Current bankers*

Business description*

VAT number (if applicable)*

Company date established*

Total number of employees*

Address of project - (if different from registered office)

Postcode

Building name

Street

District

Town

County

3. Proposal

Describe in detail the nature of the project (500 words max)*

When would you like to start the project?*	<input type="text"/>	How many jobs will be lost if this project didn't go ahead?* (or N/A)	<input type="text"/>
How many jobs would this project create?*	<input type="text"/>	Why would these jobs be lost?* (or N/A)	<input type="text"/>
When would you envisage these jobs being created?*	<input type="text"/>		

4. Finance

Breakdown of costs

Please break down the total cost of the project under the following sub-headings:

Building work	£ <input type="text"/>
Equipment	£ <input type="text"/>
Premises fit out	£ <input type="text"/>
Property costs	£ <input type="text"/>
Others	£ <input type="text"/>
Total cost*	£ <input type="text"/>

Purchasing land or property	£ <input type="text"/>
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Sources of funding

Please break down the total cost of the project by source of finance:

Bank	£ <input type="text"/>
Directors loan	£ <input type="text"/>
Reserves	£ <input type="text"/>
Lease / HP	£ <input type="text"/>
Others	£ <input type="text"/>
Total cost*	£ <input type="text"/>
Total sourced*	£ <input type="text"/>
Amount required from this fund	£ <input type="text"/>

Have you applied for other sources of funding? Please state

5. Project premises

Do you own the premises? Yes No

Do you lease the business premises? Yes No

If leased, when will the current lease end?

If leased, please provide a signed copy of your lease with your application

Will this project require planning permission? Yes No

If Yes, has a planning application been submitted? Yes No

Has planning permission been obtained? Yes No

If Yes, what is the planning reference number given?

6. Additional benefits

Please provide an explanation, and outline any other benefits this project may create for North West Leicestershire

i.e employ apprentices, employ more women, adopt environmentally friendly principles

Are there any potential risks to the project?

What will you do if your application is NOT successful?

State aid

*Does the level of State Aid received by this company including this grant application, exceed 200,000 Euros within the past three years?

Yes

No

Please give details and amount of any public funding your company has received over the past three years

7. Signature of applicant

We agree that the information contained in this application is true and accurate to the best of our knowledge and acknowledge that this information will form part of an agreement with North West Leicestershire District Council should we be successful in this application.

I also declare that under the de-minimus state aid regulations that our company has not received more than 200,000 Euros in grant funding including this application in the previous three years.

Signature

Date

Position (if applicant is a business or charity):

Please send this form and any queries to business.focus@nwleicestershire.gov.uk

By submitting this application you consent to the council verifying your information against other records it holds (for example, business rates records) to secure the effective financial management of the council. Where you are an individual or individuals, please note that the council is the data controller for the purposes of the Data Protection Act 1998 (the "Act") and the information in this form will be used for the purposes of assessing your application and cross-checking with other information the council holds relating to you, in accordance with the provisions of the Act.