



2024 Storefront/Façade Program Application

City staff contact:
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4141 Douglas Dr N
Crystal MN 55422

1. Property Address:

2. Property Identification Number (PID):

3. Business Tenant Space Address(es) if different from Property Address:

4. Business Applicant

Name: _____
Mailing address: _____
City: _____ State: ___ Zip: _____
Telephone: _____
Email: _____

5. Property Owner (if different from Business Applicant):

Name: _____
Mailing address: _____
City: _____ State: ___ Zip: _____
Telephone: _____
Email: _____

6. Project description, anticipated timing, and estimated cost (attach additional sheets if necessary):

7. Certifications:

- Yes No We are interested in receiving no-cost architectural and design assistance from a firm provided by the city (up to \$1,000 per business tenant and \$3,000 per property).
- Yes No We have reviewed and understand the Program Guidelines.
- Yes No We have reviewed the Repayment Agreement template, understand the terms of this assistance, and acknowledge that the property owner is encouraged to have the Agreement reviewed by legal counsel.
- Yes No We understand that no assistance is committed by the City of Crystal or its Economic Development Authority until a Repayment Agreement is executed by both the property owner and the City/EDA, and recorded against the property.
- Yes No We understand that information provided on this application and any subsequent program-related documents and communications are public data and may be disclosed to any person or entity in accordance with Minnesota Government Data Practices Act and Rules.

Signature of Business Applicant

Date: _____

Signature of Property Owner (if different from Business Applicant)

Date: _____