



Destination Market Street
Façade and Tenant Improvement Program
Interest Form



| CONTACT INFORMATION | | |
|---|-----------------|---------------|
| First Name: | Last Name: | |
| Home #: | Mobile #: | Office Fax #: |
| Office #: | Personal Email: | |
| I am the: <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner | | |

Gender: ☐ Male ☐ Female ☐ Write in: _____ **Veteran Status:** ☐ Non Veteran ☐ Veteran ☐ Service Disabled Veteran

Ethnic Group

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Other | | |

| PROPERTY/BUSINESS INFORMATION | | | |
|--|--------|----------|-------------|
| Business Name: | | | |
| Property Owner Name: | | | |
| Business/Property Address: | | | |
| City: | State: | Zip: | NAICS Code: |
| Company Email: | | Website: | |
| Is your business being relocated due to a City-sponsored project? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, who is your relocation consultant: _____) | | | |

What is the Legal Classification of your Business?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> C-Corp | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> LLC | <input type="checkbox"/> S- Corp |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Sole Proprietor |

State of Incorporation: _____

| BUSINESS TYPE | | |
|--|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Recreation | <input type="checkbox"/> Gastropub or Bar |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Personal Service | <input type="checkbox"/> Other _____ |

Is the business a franchise? ☐ Yes ☐ No

How long have you been in business? (# of years) _____ Date Business Established (month & year) _____

Number of Employees _____

| HOW DID YOU HEAR ABOUT THE PROGRAM? | | |
|--|---|--|
| <input type="checkbox"/> Client, Word-of-mouth | <input type="checkbox"/> Pacific Coast Regional | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newspapers | <input type="checkbox"/> City of Inglewood |
| <input type="checkbox"/> Other: _____ | | |



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INITIAL PROJECT CONCEPT

Describe in a sentence or two the types of improvements you would like to make to your business exterior, interior, or other improvements? _____

INITIAL SITE VISIT COORDINATION

What are your preferred times for an initial site visit? (choose all that apply)

☐ Morning, before 10am

☐ Afternoon (12-5pm)

☐ Other _____

☐ Morning, after 10am

☐ Evening (5-8pm)

Would you like to include the Property Owner or Business Owner during the initial site visit? ☐ Yes ☐ No

BUSINESS SUPPORT SERVICES

Would you be interested in any of the following business support services? (choose all that apply)

☐ Business Financial Assistance

☐ Small Business Loans

☐ Other _____

☐ Small Business Advisory Services

☐ Training Programs

IS THE BUSINESS CONSIDERED/ENGAGED IN ANY OF THE FOLLOWING

☐ Liquor Store

☐ Cannabis

☐ Smoke Shop

☐ Firearm Retailer

☐ Adult Entertainment

☐ Check Cashing

☐ Used Car Sales

☐ Gas and Service Stations

☐ Unpermitted Activities

☐ Banking

☐ Savings and Loans

☐ Religious Institutions

☐ Private club limiting membership for reasons other than capacity

☐ Corporate-owned chains with locations outside of California

☐ Government Offices and Agencies

When complete, email this form to InglewoodDMS@pcrcorp.org

DISCLAIMER: In the event that improvements require the relocation of any individual(s) using the Property for residential purposes, the Property Owner shall be responsible for any and all legally mandated relocation payments and/or financial assistance for those displaced. Neither relocation payments nor financial assistance for the displaced are eligible uses of Destination Market Street Façade and Tenant Improvement Funds.