

Grant Type: _____
MST Member: _____



Main Street Texarkana Grant Application

BUSINESS OWNER:

NAME: _____

ADDRESS: _____

PHONE NUMBER(s): (_____) _____ (_____) _____

EMAIL: _____

PROPERTY OWNER: (if different from Business Owner)

NAME: _____

ADDRESS: _____

PHONE NUMBER(s): (_____) _____ (_____) _____

EMAIL: _____

PROPERTY INFORMATION:

PROPERTY ADDRESS: _____

DATE BUILT: (if known) _____

HISTORICAL NOTES: (if any) _____

If available, please attach 1-2 photographs showing property's historical/architectural significance.

Signature: _____ Date: _____

PLEASE ATTACH THE FOLLOWING:

1. DESIGN CONCEPT DRAWING (if project involves sign, include drawing of sign)
2. PROJECT COST ESTIMATE(s) **OR** DESCRIPTION OF NEED (receipts/verification required)
3. WORK SCHEDULE (with anticipated dates to start and finish)

SUBMIT COMPLETED APPLICATION TO:

Main Street Texarkana, 819 N. State Line Ave, **OR** P.O. Box 631, Texarkana, AR-TX 75504,
OR email to mainstreet@texarkana.org