

**City of Redondo Beach
APPLICATION**

COMMERCIAL REHABILITATION PROGRAM

ARTESIA – AVIATION ECONOMIC REVITALIZATION AREA

APPLICANT NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER
BUSINESS NAME	TYPE OF BUSINESS
BUSINESS ADDRESS	BUSINESS PHONE
APPLICANT MAILING ADDRESS (IF DIFFERENT)	
BUSINESS OWNER'S NAME	BUSINESS OWNER'S PHONE
BUSINESS OWNER'S ADDRESS	
PROPERTY OWNER'S NAME	PROPERTY OWNER'S PHONE
PROPERTY OWNER'S ADDRESS	

- Is the Business a Corporation? Yes No If yes, is it : Profit Non-Profit
- Is the property owned by a Corporation? Yes No If yes, is it : Profit Non-Profit
- If Corporation, Officer or if Partnership, Partners:

Name _____	Title _____	Ownership _____	%
Name _____	Title _____	Ownership _____	%
Name _____	Title _____	Ownership _____	%
- Is the property rented on a lease? Yes No If yes, how long does the lease run until? (Mo/Yr) _____
(Please enclose copy of current lease agreement)
- How long have owned or leased the property? Years Owned _____ Years Leased _____
- Length of time I business? _____ Years _____ Months At present location? _____ Years
- Approximate age of building? _____
- Are you or any member of your corporation presently under indictment, on parole or probation?
- Have you or any member of your corporation been charged with or arrested for any criminal offense other than a minor motor vehicle violation?
- Have you ever been convicted or any criminal offense other than a minor motor vehicle violation?

YES	NO

CERTIFICATION OF APPLICANT

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge. Further, I understand the penalty for giving or making "a false or fraudulent statement or entry.... shall be a fine not more the \$10,000 or imprisonment for not more that five years or both."

Signature of Applicant

Signature of Staff

Date

Date

**ACKNOWLEDGEMENT BY PROPERTY OWNER
(IF DIFFERENT THAN APPLICANT)**

I/We understand that _____, a lease holder on my/our property at _____
Applicant Name Number Street
 in Redondo Beach, Ca. is considering rehabilitation improvements as part of the City's Commercial Rehabilitation Program in the Artesia-Aviation Revitalization Area. I/We have read the above statements and acknowledge that they are true and complete to the best of my/our knowledge. Further, I/We have no object to the applicant pursuing the project.

Signature of property owner(s)

Date