

For office use only  
Building ID No: \_\_\_\_\_  
Valuation Office ID No: \_\_\_\_\_  
Water Services Ac. No: \_\_\_\_\_  
Rates Ac. No: \_\_\_\_\_

**Waterford City & County Council  
Fit Out Grant Scheme Application Form**

**Instructions for completing Application Form:**

1. Please ensure you have read the Waterford City & County Council Fit Out Grant Scheme.
2. Please ensure that all required documents as outlined in the Checklist are submitted with your application form as failure to do so will delay the processing of your application form and may result in refusal of an application.

**Personal Details**

**1. Name of Applicant**

**2. Address for**

**Correspondence**

**3. Email Address**

**4. Contact Phone Number**

**5. PPS Number**

**6. Have you traded as a retailer in the 'City Centre Commercial Area' in the last two years?**

*Note: Only those who have not traded for the last two years are eligible.*

Yes  No

**Retail Details**

**7.1 Please indicate what type of retail business you propose to operate, tick all that apply.**

*Note: Some retail sectors are not eligible for assistance under this scheme.*

Clothing  Footwear  Home wares

**7.2 Please provide a brief description of your retail proposal.**

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**7.3 How many people will be employed (including owner manager) in this business?**

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**Premises Details**

*Note: Please enclose a photograph of this unit.*

**8.1 Proposed Retail Unit Address** \_\_\_\_\_

*Note: Only properties located in the defined City Centre Commercial Area are eligible.*

**8.2 Please indicate what floors of the unit will be used i.e. 1<sup>st</sup>, 2<sup>nd</sup> etc., and sq m of floor space to be utilised.**

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**9.0 Is this a new (previously unoccupied) retail unit?** Yes  No

**10.1 If this is a vacant unit, please indicate the date this Retail Unit was last occupied.**

*Note: please submit a letter from the letting agent or landlord confirming last occupied date. The retail unit must be vacant for a minimum of 3 months to be eligible.*

\_\_\_\_\_

**10.2 Please indicate the previous use of the retail unit.**

\_\_\_\_\_

**11.0 Do you own the property?** Yes  No

**12.1 Are you leasing the property?** Yes  No

*Note: A copy of the lease agreement must be included with your application.*

**12.2 Please indicate the period of lease (start date and end date).**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Fit out costs**

*Note: Please provide details of proposed or incurred fit out costs (attach additional sheets if required). Please note, that only invoices where proof of payment is provided will be considered eligible costs.*

Item	Amount €

**Application Process**

Completed Applications should be submitted by post to:  
Fit Out Grant Scheme,  
Director of Economic Development,  
Waterford City & County Council,  
City Hall,  
The Mall,  
Waterford

**Closing Date for receipt of applications:** 31<sup>st</sup> December 2016

<b>Checklist</b>	✓
Completed Application Form	
Photograph of proposed retail unit	
Letter from agent or landlord outlining last occupied date	
Copy of lease if applicable	
Invoices of fit out cost and proof of payment	