CITY OF HAYSVILLE – FRANCHISE RESTAURANT INCENTIVE APPLICATION

Incentive Overview:

The City of Haysville is offering a \$20,000 incentive package, awarded in installments to eligible and approved projects for the development of a new franchise restaurant within city limits. Please review the full incentive program guidelines before applying.

| BUSINESS INFORMATION | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| Business Name: | | | | | | | | | |
| Proposed Address / Location: Business Phone: | | | | | | | | | |
| | | | | | Website / Email: | | | | |
| Is this a new business within Haysville city limits? \square Yes \square No | | | | | | | | | |
| Type of establishment (check all that apply): | | | | | | | | | |
| □ Sit-down service | | | | | | | | | |
| □ Take-out service | | | | | | | | | |
| ☐ Drive-through service | | | | | | | | | |
| Ownership/Operation Plan: □ Build new building □ Purchase existing building □ Lease existing building | | | | | | | | | |
| | | | | | Describe your franchise restaurant concept: | | | | |
| | | | | | Proposed Hours & Days of Operation: | | | | |
| | | | | | Estimated opening date: | | | | |
| Estimated total capital investment (building, equipment, improvements, etc.): \$ | | | | | | | | | |
| Estimated number of jobs created (full-time and part-time): Full-time: Part-time: | | | | | | | | | |
| How will your business fulfill the need for a franchise restaurant in Haysville? | | | | | | | | | |

| APPLICANT INFO | RMATION | | |
|---|----------------------|--|------------------------------|
| Applicant Name: | | | |
| | | | |
| Phone: | | | |
| | | | |
| ACKNOWLEDGM | ENT | | |
| eligibility required understand that of | ments, and agree to | I and understand the program go comply with all applicable city application does not guarantee in. | codes and incentive terms. I |
| Applicant Signatu | re: | Date: | |
| For questions or | to submit this appl | lication, contact: | |
| Danielle Gabor, E | conomic Developm | ent Director | |
| Email: dgabor@h | aysvilleks.gov Pho | one: 316.529.5909 | |
| Administrative U | se Only – Do Not C | omplete | |
| Application receive | ved by Economic De | evelopment Director Date: | Initials: |
| Approved □ De | enied 🗆 Date: | Initials: | |