CITY OF HAYSVILLE – MATCHING LEASE GRANT APPLICATION

Incentive Overview:
The City of Haysville is offering a matching lease grant of up to $1,200, awarded to eligible and approved projects for new, expanding, or relocating businesses leasing space within city limits. Please review the full grant program guidelines before applying.

PROPERTY OWNER INFORMATION

Property Address: _____
Property Owner Name: _____
Phone Number: _____
Email: _____
Is the building located within Haysville city limits? ☐ Yes ☐ No
Is the building properly platted and zoned for the intended business use? ☐ Yes ☐ No
Does the building have access to necessary municipal services (water, sewer, etc.)? ☐ Yes ☐ No

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LEASE DETAILS

Date Lease Began (MM/DD/YYYY): _____
Lease Length (months): _____
Monthly Lease Payment Amount: $_____
Date the Sixth Lease Payment is Due (MM/DD/YYYY): _____
Did the property owner provide the first month of lease free, up to $1,200? ☐ Yes ☐ No
Is a copy of the signed lease agreement included (this is required): ☐ Yes ☐ No

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BUSINESS INFORMATION & OPERATION

Business Name: _____
Business Phone: _____
Website / Email: _____

Is this business: ☐ New ☐ Expanding ☐ Relocating

Estimated number of jobs created or retained due to this lease:
Full-time: _____ Part-time: _____

Date business became or will be operational at this location (MM/DD/YYYY): _____

Describe your business concept and plans for this location:

Estimated total capital investment (improvements, equipment, etc.): $_____

CITY COMPLIANCE & PERMITS

Have all required city approvals (business permit) been obtained? ☐ Yes ☐ No
Is your business currently in compliance with all city codes? ☐ Yes ☐ No

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APPLICANTS INFORMATION

Property Owner Applicant Name: _____
Mailing Address: _____
Phone: _____
Email: _____

Business Owner Applicant Name: _____
Home Address: _____
Phone: _____
Email: _____

ACKNOWLEDGMENT

By signing, I confirm that I have read and understand the grant guidelines, meet the eligibility requirements, and agree to comply with all applicable city codes and grant terms. I understand that completion of this application does not guarantee an award. I may be contacted for additional information.

Property Owner Signature: _____ Date: _____
Business Owner Signature: _____ Date: _____

For questions or to submit this application, contact: Economic Development Director
Email: ecodevo@haysvilleks.gov | Phone: 316.529.5909

Administrative Use Only – Do Not Complete

Application received by Economic Development Director Date: _____ Initials: _____

Approved ☐ Denied ☐ Date: _____ Initials: _____