

Application

Application Information

- Completed applications will be accepted January 2026 through October 30, 2026.
- Applications must be submitted within 6 months from the date the Certificate of Occupancy is issued for the new Thornton location.
- Applications are reviewed on a first-come, first-served basis. Submit your application early to give yourself the best opportunity for grant approval.
- All qualified applications will be considered and scored according to the Program Scoring Rubric.
- If approved for the grant, all grant requirements must be met within 30 days of notification of application approval.**

Application Checklist

Please submit the following. Your application will not be processed until all information is received.

- Completed application form.
- Letter from the Secretary of State showing business is in good standing. www.sos.state.co.us.
- W-9 form - www.irs.gov/pub/irs-pdf/fw9.pdf
- Copy of signed lease with a minimum of 12 months commitment or proof of building ownership.
- Approval from building owner or property manager to make identified changes.
- A business plan for owners operating the business for less than 2 years, or a strategic plan for owners operating the business for 2 years or longer.
- A Statement of Merit to explain why you should be chosen to receive this grant must be included.
- Itemized statement of expenses.
- Copy of paid invoices along with another proof of payment. **Payments made in cash will not be reimbursed.**
- Copy of Certificate of Occupancy.
- Copy of Thornton Business License.
- "Before" and "after" photographs of each part of the project.
- If grant application is for marketing, please include a proof of the advertisement or material.

Grant Information

Grant Amount Requested

Date Grant Submitted

Type of Grant
Check all that apply. EXTERIOR
 INTERIOR EQUIPMENT
 MARKETING OTHER

Business Information

Legal Name of Business

Doing Business As (DBA)

Business Address

Owner Name

Owner Phone

Owner Email

Sales & Use Tax license #

Business Start Date

Date Certificate of Occupancy Issued

Secretary of State ID #

Property OWNED LEASED

Lease Expiration Date

(If Leased)

Property Owner Name,
Phone, Email

Are you subleasing the space from another business? YES NO

If you answered "yes" above, does your business have a separate address
(unit or suite number) from the leaseholder? YES NO

How many square feet is your business?

Number of full-time employees

Number of part-time employees

Does the business owner have any personal interests or conflicts of interest through relationships or business dealings with the city, OED, BTAC, Alianza, or the grant review committee? If yes, please explain. (This is not a disqualifying factor but must be disclosed for final review.)

Do you currently or have you ever owned another business in Thornton? NO YES

Thornton business license #

Thornton business name

I hereby certify that all information in this application is accurate and correct.

Business owner or authorized officer signature

Date

If you are not the business owner, please provide your name, business title, phone number and email

Applications may be

- **Submitted online** <https://businessinThornton.com/local-business/small-business-support-programs/attraction-revitalization-grant/>
- **Dropped off or returned by mail** to the Alliance Business Assistance Center 550 Thornton Parkway Unit 170, Thornton, CO 80229
- **Emailed** to alliance@thorntonco.gov