



CITY OF MODESTO
Community and Economic Development Department
1010 Tenth Street, Suite 3300, P.O Box 642, Modesto, CA 95353
(209) 577-5566 downtownincentives@modestogov.com

**Downtown Economic Development Incentive Program
OCCUPANCY INCENTIVE APPLICATION**

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell: _____
Email Address: _____ Fax: _____

BUSINESS OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Cell: _____
Email Address: _____ Fax: _____

BUSINESS INFORMATION

Business Name: _____ Business Description: _____

Business Address (street number(s) and suite(s)): _____
Previous Address (if any): _____
Weekly Operating Hours (days and times): _____
Previous Operating Hours (if any): _____
Weekly Labor Hours*: _____
Previous Labor Hours(if any) _____
Date Business Hours Expanded: _____ Move in Date(current location) _____
Modesto Business License Effective Date: _____ Business License Number _____

AFFIDAVIT

Your signature below indicates that you have read the foregoing application, know the content thereof and state that the same is true and correct to the best of your knowledge.

Business Owner (Signature) Date _____

Business Owner (Print Name)

* Weekly Labor Hours are the cumulative hours paid to all employees, including the business owner(s), in the course of one week. For calculation purposes, salary positions are valued at 40 hours.