

**CITY OF CHEROKEE  
HOTEL/MOTEL TAX REDEVELOPMENT INCENTIVE FUND  
APPLICATION**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Tele. #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Does applicant own the building: Yes \_\_\_ No \_\_\_

If no, who is the owner: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's Workday Tele. # \_\_\_\_\_

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Estimated cost of project: \_\_\_\_\_

Describe proposed project to be funded with Redevelopment Incentive Funds: (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed start date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Amount of funds requested: \_\_\_\_\_

Have you completed other restoration work on this building in the past five years? Yes \_\_\_ No \_\_\_  
If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned applicant affirms that the information submitted herein is true and accurate to the best of my (our) knowledge. I (we) have read and understand the conditions of the Redevelopment Incentive Fund and agree to abide by its conditions and guidelines.

Signature of Applicant(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_