

Alderwoman Application Approval Form
2025 Budget \$20,000 Grant
Min. \$1,000.00/Max \$5,000.00

Resident/Nonprofit Organization Information
Name:
Owner Name:
Address:
Phone Number:
Scope of Work:
Prepared By:

Office Administrators	
Application Received/Date Stamped	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
B2 Licensed Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Tax ID or SS #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before Pictures Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of Prevailing Wage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Department Approvals	
Property Standards <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Open Violation:
Building and Permits <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation:
Planning and Zoning <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation:
Revenue and Collections <input type="checkbox"/> Yes <input type="checkbox"/> No	Open Accounts:
Police Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation:
Fire Marshal <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation:
Clerk's Office <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation (liquor license)

OVER

Ward Committee

JULIE Contacted-If Necessary	___ Yes ___ No
Reviewed Completed Work	___ Yes ___ No
Paid Receipt Attached	___ Yes ___ No
Copies of Checks (front/back) Min. \$1,000.00/Max \$15,000.00	___ Yes ___ No
After Pictures Attached	___ Yes ___ No
Committee Reviewed	___ Yes ___ No
Project Amount	___ Yes ___ No
Check Request Approved and Date	___ Yes ___ No

Alderwoman Signature

Date

Print Name