## TOWN CENTRE BUSINESS INITIATIVE GRANT APPLICATION FORM 2025/26

About your Business	
Business Name:	Okehampton Town Counci
Business address:	
Contact name and address (if different):	
Email:Phone/mobile:	
Contact's role within business:	
Please give brief details of the nature of the business and service provided:	
Are you the owner of the premises? Yes / No	
If not, do you have the Landlord's permission to undertake the work? Yes / No	
Please provide evidence of permission or reasons as to why permission is not required: .	
Is planning consent required/been obtained? Yes / No	
Please provide details?	
In the interests of transparency, please confirm if you have any personal links with anyone who would directly benefit financially from any grant awarded?	Yes / No
If yes, please provide details of the relationship and how they would benefit:	

About the Grant			
What is the amount of grant requested?	£		
What is the total cost of the project? $\mathfrak{L}$			
Match-funding of a minimum of 25% of t is being contributed and its origin: £			
Please detail what the grant will be used	l for:		
Please supply full costings of the project	:		
Material/Hire/Equipment/Contractor	Supplier/Contractors Location	Cost	
When do you anticipate the project will be	e complete (date)?		
Check List:			
Have all parts of the form been complete	ed?	YES/I	NO
Have you provided a photograph/s of the relevant area?		YES/I	NO
If required, do you have the permission of the Landlord			NO
If required, do you have the planning consent			NO
Is your application retrospective?		YES/I	NO
Have you received or been awarded a T	own Council grant within this financ	ial year? YES/l	NO
Have you completed and submitted a fe	edback form or report for any previo	ously awarded grant? YES/l	NO

## Payment details, if successful

If successful payment can be claimed on completion of the work. Claim for funding must be accompanied by photographs and receipts/invoices.

Please indicate how you w	ould prefer to be paid if successful:		
- By Cheque payab	ole to:		
- By BACS: Bank	⟨ Name:		
Acco	ount Name:		
Acco	ount Number: Sort Code:		
to be agreed. Please indic	essful, the Town Mayor may like to hold a Grant Presentation Ceremony at a date cate below any relevant contact details if different to those above:		
Information provided may be shared with WDBC who have provided funding for this initiative and require confirmation that it has been spent in accordance with their requirements.			
I have read the guidance for grant applications. I understand that grants are only available to town centre businesses and that I have answered all questions to the best of my knowledge and on behalf of the business.			
Signature of applicant	Dated		

The information that you provide will be held by Okehampton Town Council and used for the purpose of the administration of this request. We will keep the information for the period of time as set out in the Council's Documentation Retention Policy. The information will be held securely and not be disclosed to anyone or used for any other purpose without your permission. On expiration of the retention period the information will be destroyed in a secure manner. Policies about how the Council will protect your privacy are available at <a href="https://www.okehampton.gov.uk/documents">www.okehampton.gov.uk/documents</a> or by contacting the Council on 01837 53179.