



Village of Lawrence

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DDA BUSINESS LEASE/SUBSIDY APPLICATION

BUSINESS ADDRESS: _____

NAME OF BUSINESS: _____

ARE YOU THE RENTER OR OWNER OPERATOR OF THE BUSINESS? _____

IF RENTER, NAME ON THE LEASE: _____

PROPERTY OWNER NAME: _____

RENTER MAILING ADDRESS: _____

OWNER MAILING ADDRESS: _____

HAVE YOU PREVIOUSLY RECEIVED DDA RENT REIMBURSEMENT/SYBSIDY? _____

IF YES START DATE: _____ END DATE: _____

HAVE YOU EVER BEEN IN ARREARS FOR ANY LAWRENCE VILLAGE:

A. PROPERTY TAX _____

B. WATER OR SEWER BILL _____

C. SERVICE RENDERED _____

HAVE YOU EVER BEEN IN ARREARS FOR ANY LAWRENCE TOWNSHIP TAX? _____

HAVE YOU HAD A SAFETY INSPECTION COMPLETED PRIOR TO OCCUPANCY? IF YES, PLEASE INCLUDE A COPY OF THE REPORT.

SIGNATURE

DATE

DDA APPROVAL / DENIAL DATE _____

DDA RESOLUTION MOVED BY: _____ SUPPORTED BY: _____