

SHAWLANDS SHOPFRONT IMPROVEMENT SCHEME

Application Form

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	Business Details
Name	
Address	
Company Status	
(e.g. sole proprietor/	
partnership/ltd company)	
Nature of Business	
VAT Number	
Opening Hours	
Total no. of Employees	
(full time equivalent)	
	Vous Deteile
None	Your Details
Name	
Address	
Address	
Telephone Number	
Email Address	
Interest (e.g. owner/lessee)	
(Please indicate no. of years	
left on lease if applicable)	
топ от тошоо и аррисавто)	
Property Owner Details (if different)	
Name	, ,
A.1.	
Address	
Telephone Number	
Email Address	
Is the property owner aware of this application?	
or this application?	

What improvements are you interested in? (Please tick)		
Full Shopfront Refurbishment		
Signage Improvements		
Repainting and minor works		
Project Details (Please describe the works you would like to apply for and costs)		
Please indicate whether the costs are estimated or based on a quote:		

Please return form to:

Shawlands Town Centre Action Plan **Development and Regeneration Services** 231 George Street Glasgow G1 1RX Email: <u>shawlands@glasgow.gov.uk</u>

