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| **TMBClargefccrest_Trafford logoTown Centres Business Growth Programme****Application Form – Town Centres Marketing Loan** |
| Please complete all sections of this form and supply the relevant supporting information listed on the final page. Trafford Council reserves the right to undertake any relevant financial checks as part of the application process. |
| **Applicants Contact Details** |
| **1. Name:** | Click here to enter text. |
| **2. Home Address (including postcode):** | Click here to enter text. |
| **3. Telephone:** | Click here to enter text. |
| **4. Email:** | Click here to enter text. |
| **Business Details** |
| **5. Business Name:** | Click here to enter text. |
| **6. Business Address (including postcode):** | Click here to enter text. |
| **7 What goods or service does the business offer?** | Click here to enter text. |
| **8. How long has the business been trading (years / months)?** | Click here to enter text. |
| **9. How many outlets does the business currently have?** | Click here to enter text. |
| **10. Do you own your property?**  | [ ] Yes | [ ] No  | If not, how long is your current lease? | Click here to enter text. |
| **11. Are you :**  | [ ] Limited Company | [ ] Sole Trader | [ ] Partnership | [ ] Other: Click here to enter text. |
| **12. If Limited Company or Charity please quote registered number:**  | Click here to enter text. |
| **13. Are you VAT registered?**  | [ ] Yes | [ ] No  | If yes is it paid up to date | [ ] Yes | [ ] No  |
| **Other Details** |
| **14. Do you have any outstanding debts to Trafford Council?** | [ ] Yes | [ ] No  |
| If yes please supply details.Click here to enter text. |
| **15. Do you have any previous convictions, County Court Judgements or have you been declared bankrupt?** | [ ] Yes | [ ] No  |
| If yes please supply details (nature, dates)Click here to enter text. |
| **Marketing Activity** |
| **16. If an existing business, how do you currently market your business?** |
| Click here to enter text. |
| **17. What marketing activities are you planning to spend the funding on?**  |
| Click here to enter text. |
| **18. What is your target market, catchment area and customer profile(s)?** |
| Click here to enter text. |
| **19. How will this investment help to grow your business and add value to your existing activities? What level of growth do you anticipate and / or how will this help to increase footfall, expenditure and create jobs?** |
| Click here to enter text. |
| **20. What statutory permissions are required for the proposed business use/premises (including Planning, Building Regulations, and Food Premises Registration)? Please confirm if these are already in place.** |
| Click here to enter text. |
| **21. What is your expected start date for the marketing activities?** | Click here to enter a date. |
| **22. What is your expected completion date for the marketing activities?** | Click here to enter a date. |
| **23. Please itemise the initial cost estimates for the marketing activities.**  | **Description** | **Amount** |
|  | Click here to enter text. | £Click here to enter text. |
|  | Click here to enter text. | £Click here to enter text. |
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|  | Click here to enter text. | £Click here to enter text. |
|  | Total | £Click here to enter text. |
| **24. How much funding is being sought?** *(No more than the total cost of marketing activities above or £5,000, whichever is lower)* | £Click here to enter text. |
| **25. What other funding has been secured (including applicant’s contribution)?** | **Source** | **Amount** |
|  | Click here to enter text. | £Click here to enter text. |
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|  | Click here to enter text. | £Click here to enter text. |
|  | TOTAL | £Click here to enter text. |
|  |
| **26. Personal Bank Account:** | **Business Bank Account (if in place):** |
| Account Name | Click here to enter text. | Account Name | Click here to enter text. |
| Account Number | Click here to enter text. | Account Number | Click here to enter text. |
| Sort Code | Click here to enter text. | Sort Code | Click here to enter text. |
| Bank Name | Click here to enter text. | Bank Name | Click here to enter text. |
| Branch Address | Click here to enter text. | Branch Address | Click here to enter text. |
| **27. Enclosed Documents (please tick)**  |
|[ ]  Quote(s) for the proposed marketing activities  |
|[ ]  Declaration of funding received in the last three fiscal years under State Aid De Minimis rules. |
| **28. Please read the declaration carefully before you sign and date it:*** If I give information that is incorrect or incomplete, Trafford Council may immediately seek recovery in full of any loan money paid within 28 days of written notice being provided to me.
* I am happy for Trafford Council to check the information supplied with other sources if necessary.
* By signing this form I give consent for all my financial accounts held with the Council to be checked, including Business Rates and Council Tax.
* I will be based in Trafford for the period of the loan. I must let Trafford Council know at least 2 months before leaving the premises if the loan has not been repaid in full and arrange for all outstanding debts to be repaid.
* I will submit receipts / evidence of expenditure within 14 days of the payment being made.
* The Council will use discretion in determining my eligibility for a loan and the decision of the Council is final.
* I have read and understood the Key Facts & Guidance notes (available <http://www.investintrafford.com/Town-Centres/Trafford-Town-Centres-Business-Growth-Programme.aspx>) and the questions in this form.
* I declare the information I have given in this form is correct and complete.

[ ]  **Please tick to confirm your acceptance of the above.****Data Protection**☐ Please tick here to acknowledge that by completing and returning this form you accept Trafford Council’s Privacy Policy and give permission for Trafford Council to process and retain your data as necessary to process your application and manage any future contract with Trafford Council.**You can view Trafford Council’s Privacy Policy at** [**http://www.trafford.gov.uk/about-your-council/data-protection/privacy-notices/Privacy-Notice.aspx**](http://www.trafford.gov.uk/about-your-council/data-protection/privacy-notices/Privacy-Notice.aspx)**.**  |
| **Applicant Signature:** |  | **Date Signed:** | Click here to enter a date. |

Please send the signed completed application, and enclosures to:

**Trafford Town Centres Business Growth Programme,**

**Strategic Growth Team, Trafford Council,**

**Trafford Town Hall, Talbot Road,**

**Stretford, M32 0TH**



**Statement of De Minimis Aid Received**

Tick the correct statement below and complete the table if necessary.

[ ]  I confirm that I **HAVE NOT** received any De Minimis aid during the previous three fiscal years (i.e. current fiscal year and the previous two fiscal years).

[ ]  I confirm that I **HAVE** received De Minimis aid during the previous three fiscal years (i.e. current fiscal year and the previous two fiscal years).

 Provide details below.

|  |  |  |
| --- | --- | --- |
| **Body providing the assistance/aid** | **Value of assistance (calculating the Gross Grant Equivalent)** | **Date of assistance** |
| Click here to enter text. | **£** Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | **£** Click here to enter text. | Click here to enter a date. |
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| Click here to enter text. | **£** Click here to enter text. | Click here to enter a date. |

**Declaration**

I acknowledge that if I fail to meet the Eligibility Requirements, I/we shall become liable to pay the full price that would otherwise be payable in respect of the services received.

|  |  |
| --- | --- |
| Company: | Click here to enter text. |
| Name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |