



DOWN TOWN | SIOUX FALLS

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Downtown Visionaries



Holiday Inn
Sioux Falls City Centre



DOWNTOWN | SIOUX FALLS
Retail Incubator Program

Applicant _____

Applicant Address _____

Applicant Phone _____

Business Name _____

Proposed Location _____

Required Attachment: Business Plan

Estimated Open Date _____ Useable Square Feet _____

Anticipated hours of operation (hours/days; days of week)

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Please list the names of persons your business will be working with in the capacities of:

Attorney _____

CPA _____

And/or Bookkeeper _____

Please verify that the items below are included with your completed application:

- A copy of a draft lease agreement including lease amounts and term of lease (an unexecuted agreement is acceptable)
- Your business plan

I/we certify that all information in this application is a true representation of the facts pertaining to the proposed business for the purpose of acceptance into the Downtown Sioux Falls, Inc. Retail Incubator Program. I/we acknowledge and understand that any misrepresentation of the information contained in this application could result in disqualification from the program, requiring any funds to be repaid in full to Downtown Sioux Falls, Inc.

The applicant further certifies that he/she has read and agrees to the DTSF Retail Incubation Program Guidelines. If a determination is made by DTSF staff that program funds have not been used for eligible program activities, the Applicant agrees that the proceeds shall be returned, in full, to DTSF and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right, or claim thereto. It is understood that all DTSF funding commitments are contingent upon the availability of program funds.

Signed this _____ day of _____, 20 _____

By _____

For DTSF office use

Date of receipt _____ Date forwarded to BRRRC for review _____

Approval from BRRRC that the applicant has sufficient business background and/or reasonable business plan to continue

Approval of Business Incubation Contract and Lease agreement by Downtown Sioux Falls Board of Directors

Terms

First subsidy level: Amount Begins _____ Ends _____

Second subsidy level: Amount Begins _____ Ends _____

Third subsidy level: Amount Begins _____ Ends _____

Date of completion of three-year lease obligation and release of incubation obligations _____
