



Hotel Improvement Program (HIP) Application

Name: _____

Name of Business/Property to be Renovated: _____

Address: _____

Telephone Number: _____

Are you the Property Owner or Business Owner? _____

Type of Improvement(s) Planned: _____

Incentive Amount: \$ _____

Total Cost of Project: \$ _____

I hereby submit the attached plans, specification and color samples for the proposed project and understand that these must be approved by the Hollywood, Florida Community Redevelopment Agency ("CRA"). No work shall begin until I have received written approval from the CRA. I further understand that unless otherwise approved by the CRA Board, funding will not be paid until the project is complete.

Signature of Applicant

Date

Print Name