



Williamsburg

Economic Development



Bike Rack Grant Program Application

Applicant

Business Name:

Business Address:

Contact person:

Phone:

Email:

Current City of Williamsburg Business License? Yes No Please attach.

The business is located on property it: Leases Owns

If located on a property it leases, approval of the property owner is needed.

Property Owner Signature _____ Date _____

Printed Name _____

Project Summary

Number of bike racks requested (each bike rack parks two bikes): 1 2 3

Planning Department staff will work with the grantee to determine the exact location of the bike rack(s). Contact Planning Department staff at 757-220-6130 or planning@williamsburgva.gov. A sketch of the approved bike rack location(s) should be attached to the application form.

Agreement

I agree to pay \$25 (non-refundable) per bike rack in full prior to installation of the bike rack(s). (Make checks payable to the Williamsburg Economic Development Authority.)

I agree to comply with all the requirements of the Bicycle Parking Grant Program, including the responsibility for maintenance of the bike rack(s).

I agree to be photographed with the installed bike racks for use in the City's promotional materials, press releases, and other communication media.

By signing below I approve the City of Williamsburg Economic Development Office to contact other City departments to ensure that my business is in good standing with the City of Williamsburg.

Signature _____ Date _____

Printed Name_____