

APPLICATION FORM FOR GRANT AID TO SUPPORT THE SAFE PHYSICAL OPENING OF RETAIL BUSINESSES WITHIN THE TOWN OF UPPINGHAM

Name & Address of Business :

Contact Details: Email/Phone number

Details of expenditure incurred/planned to incur. NB not to exceed £200

I declare that the application will not lead to the business breaching the 'de minimus regulations' for State Aid for their business (a maximum total of 200,000 Euros support)

Name of Applicant

Signature/Date