

Grant Type: \_\_\_\_\_  
MST Member: \_\_\_\_\_



**Main Street Texarkana Grant Application**

**BUSINESS OWNER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(s): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPERTY OWNER:** (if different from Business Owner)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(s): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPERTY INFORMATION:**

PROPERTY ADDRESS: \_\_\_\_\_

DATE BUILT: (if known) \_\_\_\_\_

HISTORICAL NOTES: (if any) \_\_\_\_\_

\_\_\_\_\_

If available, please attach 1-2 photographs showing property's historical/architectural significance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

- 1. DESIGN CONCEPT DRAWING (if project involves sign, include drawing of sign)
- 2. PROJECT COST ESTIMATE(s) **OR** DESCRIPTION OF NEED
- 3. WORK SCHEDULE (with anticipated dates to start and finish)

**SUBMIT COMPLETED APPLICATION TO:**

Main Street Texarkana, 819 N. State Line Ave, **OR** P.O. Box 631, Texarkana, AR-TX 75504,  
**OR** email to [mainstreet@texarkana.org](mailto:mainstreet@texarkana.org)