

LIVING



THE ARTS



EDUCATION



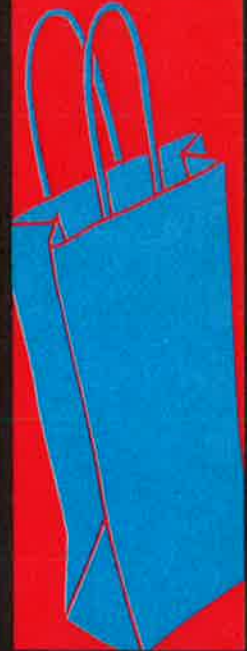
DINING



WORKING



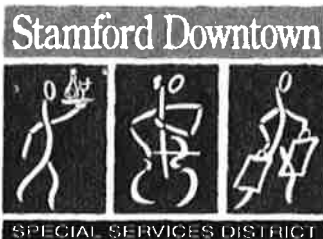
SHOPPING



# Retail Advancement Program 2011

## Stamford Downtown DAY & NIGHT

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## 2011-2012 Stamford Downtown Special Services District Retail Advancement Program

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NBC Universal

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Steven Wise Associates, LLC

**Sandy Goldstein, President**

Stamford Downtown Special Services District's (DSSD) Retail Advancement Program is designed to create momentum in the critical task of recruiting new retailers into Stamford Downtown. The goal of the **Retail Advancement Program** is to recruit up to three new retail stores in 2011-2012.

A one-time **Retail Advancement Program** grant of up to \$50,000 plus a matching \$50,000 landlord contribution, for DSSD qualified applicants, will be given to selected retailers who the DSSD Retail Committee has deemed to meet the criteria specified below. Applications will be accepted through December 31, 2011.

### Eligibility Requirements:

- **PRODUCT RETAIL:** The Applicant's business type must be a product retail store. Non-retail uses such as restaurant, entertainment or service businesses (including but not limited to financial institutions, printing, copy, mail and accounting) are not eligible.
- **LOCATION.** Only street-level (grade-level) locations on retail streets within Stamford Downtown Special Services District (as defined by the DSSD) are eligible.
- **NEW TO DOWNTOWN:** The Applicant's retail store must be a new business or one that is currently located outside Stamford Downtown. However, an Applicant who operates a store in Stamford Downtown may be eligible if he / she is opening a different type of retail business other than that which Applicant currently operates in the Downtown.
- **COMPLETED APPLICATION:** The Applicant must submit a completed *Application for Retail Advancement Program Grant* prior to December 31, 2011 (see attached form) together with all the attachments required therein.

### Qualifying Factors:

In its review of each eligible application, the DSSD Retail Committee shall consider various qualifying factors, which may include but are not limited to the following:

- **EXPERIENCE:** The Applicant's level of experience as an owner/operator of a retail business or within a related field is preferred. However, start-up businesses will be considered, provided that the Applicant can demonstrate strong managerial experience with a credible business plan.
- **FINANCIAL ABILITY:** The Applicant must demonstrate sufficient financial resources to support the proposed retail business plan.
- **COMMITMENT:** Applicant must be willing to commit to lease with a minimum five (5) year term.
- **BENEFIT TO DOWNTOWN:** The Applicant's business concept will be considered for the level of enhancement it brings to the Downtown retail environment. The Applicant's proposed operating hours will be considered for impact upon the overall vibrancy of the area.

### Award of Grant:

The awarding of a DSSD **Retail Advancement Program** Grant is at the sole discretion of the DSSD. A selected Applicant shall receive the grant award if and when: (i) the Applicant's retail store has opened for business, and (ii) the Applicant's retail store demonstrates conformity with all local codes as well as Zoning Board Design Review requirements. Uses of grant award by Applicant will be approved by the DSSD.

**STAMFORD DOWNTOWN SPECIAL SERVICES DISTRICT  
APPLICATION FOR 2011-12 RETAIL ADVANCEMENT PROGRAM GRANT**

Page 1 of 2

<b>Date</b> / / (For applicant use)		<b>Committee Review Date</b> (For committee use) / /	
<b>Applicant Name</b>	Last <span style="float:right">First</span>		
<b>Mailing Address</b>	Street		
	City	State	zip
<b>Business Phone</b>	Area Code	Number	
<b>E-mail Address</b>			
<b>Website Address</b>			

Please supply the following information about your planned retail operation in Stamford Downtown :

<b>Name of new store</b>			
<b>Type of business</b>			
<b>Approximate square footage</b>			
<b>Tentative location(s)</b> (If any are under consideration, indicate Street and #.)			
<b>Have you made any prior lease arrangements ?</b> i.e. Deposit, binder, letter of commitment, letter of intent, contract or signed lease.	Circle One	Yes	No
<b>Projected annual sales volume</b>	What kind ?		
<b>Target occupancy/opening dates</b>	Occupancy Date	Opening Date	
	/ /	/ /	
<b>Description of merchandise &amp; price point</b>			
<b>Intended hours of operation</b>			
<b># of Employees</b>			

**STAMFORD DOWNTOWN SPECIAL SERVICES DISTRICT  
APPLICATION FOR 2011-12 RETAIL ADVANCEMENT PROGRAM GRANT**

**If applicable, please supply the following information about your existing retail operation(s) :**

(If more than 3 attach separate list.)

	Store #1	Store #2	Store #3
<b>Store name(s)</b>			
<b>Store address(s)</b>			
<b>Store phone #'s</b>			
<b>Type of business</b>			
<b>Approximate sq. ft.</b>			
<b>Years in operation</b> (At this or other address)			
<b># of Employees</b>			
<b>Annual sales volume</b> (Last fiscal year)			

**Please attach the following information to this application: (place check next to what is attached)  
(\*Items which must be included) :**

- \_\_\_\_\_ **Business plan for the new store**
- \_\_\_\_\_ **Marketing plan for the new store**
- \_\_\_\_\_ **Personal financial statement of Principal(s)**
- \_\_\_\_\_ **Business financial statement**
- \_\_\_\_\_ **Bank business reference**
- \_\_\_\_\_ **Landlord and/or business references**

**DSSD Program Disclaimer:** *The undersigned applicant (the "Applicant") hereby authorizes the Stamford Downtown Special Services District (the "DSSD") to (i) verify all information provided on this application and (ii) to make whatever credit inquiries it deems necessary in connection with Applicant's financial statement. By signing below, Applicant authorizes and instructs any person or consumer –reporting agency to furnish DSSD any credit information in response to such inquires. In addition, by signing this application, the Applicant represents and warrants that he/she fully understands that the awarding of a DSSD Retail Advancement Program Grant is at the sole discretion of the DSSD and hereby waives all claims of liability against the DSSD, its affiliates, and its officers arising from Applicant's participation in DSSD's Retail Advancement Program.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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