City of Hanover
Economic Development
Authority

11250 5th St NE
Hanover, Minnesota 55341
763-497-3777
cityhall@ci.hanover.mn.us

Application for Rent Reimbursement Program

Name of Applicant: _____

Mailing Address: _____

Name of Business: _____

Building Address: _____

Phone Number:
(O)_____ (C)_____

Social Security Number_____or Employer Identification Number_____

Please describe the type of business and how it will contribute to Hanover.

_____

_____

Estimated date of opening: _____

Hours of operation: _____

Size of building: _____ Landlord: _____

Monthly rent payment: _____ Term of lease: _____

Estimated No. of Jobs to be Created:_____

The undersigned applicant affirms:
The information submitted herein is true and accurate to the best of my knowledge. I understand the requirements of this program and agree to abide by its conditions and guidelines.

Signature of Applicant(s):
_____ Date: _____

_____ Date: _____

Project meets general approval of the Hanover EDA.: Yes _____ No _____

Signature: Date: