



**NORTHEAST KANSAS CITY CHAMBER OF COMMERCE**  
INDEPENDENCE AVENUE COMMUNITY IMPROVEMENT DISTRICT

**INDEPENDENCE AVE CID STOREFRONT IMPROVEMENT REBATE (SIR) PROGRAM**  
**APPLICATION**

PLEASE PRINT

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**APPLICANT E-MAIL ADDRESS:** \_\_\_\_\_

**BUSINESS LICENSE # (if applicable):** \_\_\_\_\_

**MISSOURI SALES TAX #:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**PROPERTY OWNER ADDRESS:** \_\_\_\_\_

**PROPERTY OWNER E-MAIL ADDRESS:** \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

ECONOMIC IMPACT (How Will the Proposed Improvements Help Your Business?):

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ATTACHMENTS:

- PHOTOS OF PROPERTY
- DRAWINGS OF PROPOSED IMPROVEMENTS
- COPY OF LEASE (if applicable)
- IRS **FORM W-9** <https://www.irs.gov/forms-pubs/about-form-w-9>
- CHOSEN CONTRACTOR(S) CONTACT INFORMATION
- ADDITIONAL PAGES

I hereby acknowledge understanding the Storefront Improvement Rebate (SIR) Program guidelines, and I agree to the requirements as stated in the SIR Brochure:

X \_\_\_\_\_  
*Business Owner Signature (if applicable)* *Date*

X \_\_\_\_\_  
*Property Owner Signature (if applicable)* *Date*

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**INDEPENDENCE AVENUE COMMUNITY IMPROVEMENT DISTRICT**  
**MANAGED BY**  
**NORTHEAST KANSAS CITY CHAMBER OF COMMERCE**  
**2657 INDEPENDENCE AVENUE, KANSAS CITY, MO 64125**

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