



City of Andover

Andover Business Improvement Grant Application

Due April 15, 2025

Return Completed Application to:

City of Andover, Attn: Les Mangus -1609 E Central Ave Andover, KS 67002
Or E-Mail Completed Application to lmangus@andoverks.gov

Applicant

Business or Property Owner Name (please specify which):

Applicant Address: _____

Project Location:

City/State/Zip: _____

Contact Phone:

Project Description – Attach additional pages if necessary

Projects must meet all applicable Site Plan Review Criteria, Zoning Regulations, and Sign and Building Code requirements of the City.

Project Valuation: \$

I hereby acknowledge understanding of grant guidelines and agree to the stipulations of the program.

Applicant Signature

Date

Include the following with this Application

IRS W9 (link)

□ Before Photos