



**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](mailto:lmangus@andoverks.gov)**

**Applicant**

Business or Property Owner Name (please specify which):

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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.

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Applicant Signature

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Date

**Include the following with this Application**

☐ [IRS W9 \(link\)](#)

☐ Before Photos