



**Columbia Empowerment Zone, Inc.**  
**Business Retrofit Incentives**  
**Through Energy Savings (BRITES) Program**  
**Application**



# Business Retrofit Incentives Through Energy Savings (BRITES) Program Application

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Project Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Cell Phone Email

## 1. Building Owner Applicant Information: (If you own the building, please complete this section)

Name of Applicant: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different than above) City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Cell Phone Email

Are you the sole owner of this property?  Yes  No

If no, are you authorized to make decisions regarding this property?  Yes  No

If property is owned by an entity, please list the entity \_\_\_\_\_

How long have you owned this property? \_\_\_\_\_ (Round Down in Terms of Years)

Is there an existing business(s) in operation at this address?  Yes  No

If yes, how long? \_\_\_\_\_

If yes, how many persons are currently employed? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Indicate type of business: (Clothing, Dry Cleaner, Restaurant, etc.) \_\_\_\_\_

Is your property currently insured?  Yes  No (Provide Copy of Insurance Policy(s))

**2. Tenant Applicant Information:** (If you are a Tenant and lease your business space, please complete this section)

Name of Applicant: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different than above) City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you been a tenant at this property? \_\_\_\_\_ (Round Down in Terms of Years)

How many persons are currently employed? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Indicate type of business: (Clothing, Dry Cleaner, Restaurant, etc.) \_\_\_\_\_

**<THIS SPACE INTENTIONALLY BLANK>**

**3. Signatures**

The applicant hereby certifies that it possess the legal authority to submit a program application and to execute a subsequent funding agreement with the Columbia Empowerment Zone, Inc. (CEZ, Inc.).

The applicant hereby certifies that they are the individual authorized to submit the application for the program.

The Applicant, \_\_\_\_\_, asserts that the preceding information is true, and correct, and will comply with all Regulations applicable to this program. The Applicant fully understands that the Columbia Empowerment Zone, Inc. (CEZ, Inc.) can make no variances to the application process, or requirements, except as authorized in writing.

The Applicant agrees that in the event of its breach of any program condition or provision, as described in the application process, or whenever it is deemed to be in the best interest of the Columbia Empowerment Zone, Inc. (CEZ, Inc.) has the right to terminate this agreement on thirty (30) day notice and to cancel this agreement, without prejudice to any other rights or remedies of the Columbia Empowerment Zone, Inc.

If the Applicant is other than the property owner, written consent by the property owner must be provided by submitting a Letter of Agency with this application.

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Applicant (Print)	Applicant's signature	Date

Business's Federal ID Number \_\_\_\_\_

**Application Submitted to:**  
Columbia Empowerment Zone, Inc.  
Business Retrofit Incentives Through Energy Savings Program (BRITES)  
3200 Grand Street – Columbia, SC 29203  
Mailing Address: PO Box 141-Columbia, SC 29202  
Phone: 803.748-0964 Fax: (803) 748-1389  
Email: [cezinc@columbiasc.gov](mailto:cezinc@columbiasc.gov)

Program Administrators:  
Felicia Maloney, Executive Director  
Verdine Gleaton, Program Compliance Administrator

## EXHIBITS TO APPLICATION FOR FUNDING ASSISTANCE

The following documentation must be submitted with this request:

- Completed Application
- Processing Fee of \$25.00 (Checks payable to CEZ, Inc.)
- Copy of Current **City of Columbia** Business License
- Certificate of Incorporation if applicable
- Proof of Ownership - Copy of Mortgage/Deed (If Owner is Applicant)
- Letter of Agency *and* Copy of Lease (If Tenant is Applicant)
- Proof of Good Standing for:
  - Richland County Property Taxes
  - City of Columbia Sewer Fees & Water Fees
  - Mortgage or Rent or Lease Payments (Letter from Bank or Letter from Landlord)
- Copy of Current Property and Liability Insurance for site where project will take place