



**LEWISTON ECONOMIC DEVELOPMENT AUTHORITY**

**Façade Program – Payment Request Form**

**Owner/Applicant Name:**

**Project ID #**

Business Name:  
Business Address:  
Lewiston, MN 55952

**Contractor:**

Contractor Name:  
Contractor Address:  
Contractor City:

State:

Zip Code

I certify that I have satisfactorily completed the necessary work to justify this request and that all bills incurred for labor use and materials furnished in making said improvements for a total amount of \$\_\_\_\_\_ have been paid in full.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

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I/We hereby agree that the work stated by the contractor has been completed and has been paid in full. It is understood that the actual amount disbursed from the City of Lewiston will be based on the results of inspection by the EDA/City Staff. I/We further understand that the City of Lewiston or the Lewiston EDA assumes no responsibilities for the work performed and does not warrant any work performed.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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Upon inspection, I hereby certify that all work is completed and recommend payment to the Business Owner in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
City Administrator, City of Lewiston, Signature

\_\_\_\_\_  
Date

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I hereby approve payment to the Owner in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Mayor, City of Lewiston, Signature

\_\_\_\_\_  
Date

**\*Applicant must submit this form to Lewiston City Hall within twelve (12) months from the date of City Council approval to meet program guidelines.**