



Downtown Development Authority
City of Stone Mountain, Georgia
875 Main Street, Stone Mountain, GA 30083

ENHANCEMENT GRANT APPLICATION

Please read the Enhancement Grant Guidelines before completing the application. Please type or print all entries.

Applicant Information:

Business Name: Thirsty Mona Lisa, Inc.
Contact Name: Jennifer Galloway
Business Address: 979 Main Street
City, ST, ZIP: Stone Mountain, GA 30083
Telephone: 770-895-3738
Email: jgalloway.979@gmail.com

Property Owner Information (if different from Applicant).

Property Tax Parcel ID for project location: 18 089 27 002
Property Owner: Galloway 401K Ret Trust
Mailing Address: 6863 Shadow Ridge Lane
City, ST, ZIP: Stone Mountain, GA 30087
Telephone: 770-895-3738
Email: jgalloway.979@gmail.com

Project Description. Check box ( ) and attach Historic Preservation Commission approval if needed.

Repair damaged framing between 977 and 979 Main,
remove loose brick and stucco over existing facade.
Replace damaged storefront windows.
Install awning above storefront windows.
Note: Additional cost to paint side of building is not included
in the attached estimate.

Estimated Cost of Project (attach detailed budget): \$ 16,751
Amount of Façade Grant Requested (See Guidelines): \$ 10,000

I have read the guidelines and affirm that to the best of my knowledge all the entries on this application are accurate and true.

Name & Signature of Applicant: [Signature]
Jennifer Galloway

Name & Signature of Owner (if different from applicant):