

Section 1: Applicant Information

Applicant Name: _____

Business Name (If applicable): _____

Mailing Address: _____

Phone: _____ Email Address: _____

Project Address: _____

Project Budget: \$ _____ Requested Grant Amount: \$ _____

Lease Term (If applicable): _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Phone: _____ Email Address: _____

Section 2: Please select the checkbox that corresponds to each grant for which you are applying. Complete the referenced section(s).

Commercial

Design Assistance –Sections 3 & 6
(Dixieland and Midtown Only)

Infill Adaptive Reuse –Sections 3, 5 & 6
(Downtown, Dixieland, and Midtown)

Façade & Site Improvement –Sections 3, 5 & 6
(Downtown, Dixieland, and Midtown)

TIF – Sections 3, 5 & 6
(Downtown and Midtown Only)

EDGE Program –Sections 3, 4, 5 & 6
(Downtown, Dixieland and Midtown)

Dixieland Art Infusion– Sections 3, 5 & 6
(Dixieland and Downtown -S. FL Corridor Only)

STEMM Program – Sections 3, 5 & 6
(Midtown Only)

***All Projects will be deemed final upon issuance of reimbursement or payment.

Section 3: Project Description

Building's existing use(s): _____

Building's new use(s): _____

General description of proposed improvements:

- | | | | |
|---|---|-----------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Rehabilitation | | |
| <input type="checkbox"/> Façade | <input type="checkbox"/> Awnings/Canopies | <input type="checkbox"/> Signs | <input type="checkbox"/> Walls/Fencing/Landscaping |
| <input type="checkbox"/> Electric | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Mural | <input type="checkbox"/> Other _____ | | |

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

Section 4: Business Information

What is the expected opening date? _____

What type of food-related business is being proposed? _____

What will be the business' hours of operation? _____

Is the proposed business a franchise? No Yes _____

Will entertainment be offered? No Yes _____

Will there be outdoor seating at this establishment? No Yes

What is the proposed seating capacity of the restaurant, if applicable? _____

Is this the business' 1st location, 2nd location or a relocation? _____

Section 5: Required Documentation

- Project schedule
- Proposed budget
- Three cost estimates
- Schematic drawings illustrating proposed site plan/floorplan
- Description of materials to be used, the construction procedure and colors
- Photographs of the existing building and the proposed project area
- Notarized letter from property owner
- W-9
- Food-related services resume(s) – if applicable
- Certificate of Review from the Historic Preservation Board – if applicable
- Rendering of proposed artwork- if applicable
- Number of Full-Time jobs created – if applicable

TIF Applications (Additional Documentation)

- Letter of request
- Current assessed value

Section 6: Signature

Applicant's Signature: _____

Date: _____

Property Owner's Signature: _____

Date: _____

FOR STAFF USE ONLY

Date of initial contact: _____ Electronic submission In person

Staff representative: _____

Design Professional: _____

Pre-Application Meeting

Post-Application Meeting

Three estimates submitted? Yes No

Taxes current? Yes No

Staff Decision: Approved Denied Board Appealed

Property Site File Number: _____