



Community Redevelopment Agency
BUSINESS INCENTIVE PROGRAM

APPLICATION

Business Name: _____

Business Owner's Name: _____

Business Address: _____

Folio: _____ FEIN: _____

Business Contact Number: _____ Business Email: _____

Type of Business: Restaurant ___
Brewery ___
Distillery ___
Entertainment ___
Other(explain) _____

Days and Hours of Operation: _____

Current number of employees: ___

Will you increase the number of employees? Yes ___ or No ___. If so, how many do you anticipate? ___

Describe Proposed Improvements:

Total Estimated Cost: _____

Applicant's Investment _____. This covers _____.

Amount requested from HCRA: _____. This covers _____.

Are you the property owner? Yes ___ or No ___. If not, please complete below:

Property owner's name: _____ Contact Number _____

Property owner's mailing address: _____



Community Redevelopment Agency BUSINESS INCENTIVE PROGRAM

APPLICANT'S AFFIDAVIT

The applicant(s) does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) That he/she has the requisite authority to submit this Application to the City of Homestead Community Redevelopment Agency; (b) That there are no liens filed against the property or any portion thereof; (c) That there have been no repairs, improvements, labor, materials, or services bestowed upon the property or any portion thereof for which any or all of the cost of the same remains unpaid; (d) That no person, firm, or corporation is entitled to a mechanic's lien against the Property or any portion thereof under Chapter 713 of the Florida Statutes; (e) That there are no facts known to the property owner which would give rise to such a claim being asserted against the Property or any portion thereof; (f) That there are no unsatisfied judgments or any federal, state, or county tax deficiencies, which are a lien against the property or any portion thereof; (g)T there are no actions to proceedings now pending in any state or federal court to which the property owner is a party which would affect the title to the property or any portion thereof; and (h) That all the information, documents, submittals provided and made part of the application are true and correct.

The applicant(s) and property owner also hereby certifies that he/she has read and understood the required policies and procedures for the grant application and award attached hereto and agrees to be bound by the terms and conditions therein.

Signature of Applicant

Date

Print Name

Valid Identification

The foregoing instrument was acknowledged before me by means of physical presence [] or online notarization [] by _____ the _____ of _____ corporation, on behalf of the corporation.

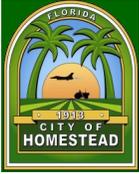
He/She is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, 20 __, in the County and State aforesaid.

Signature

Print Name

My Commission Expires: _____



**Community Redevelopment Agency
BUSINESS INCENTIVE PROGRAM**

PROPERTY OWNER'S CONSENT AFFIDAVIT

The property owner does hereby represent and certify to the City of Homestead and the Community Redevelopment Agency as follows: (a) that is the owner of fee simple title to the property which is the subject of the application; that he/she agrees with the submission of the application to the City of Homestead Community Redevelopment Agency for the sole purpose of requesting a Commercial Enhancement Grant.

Signature of Property Owner

Date

Print Name

Valid Identification

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence [] or online notarization [] by _____ the _____ of _____ corporation, on behalf of the corporation.

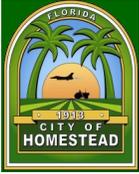
He/She is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, 20____, in the County and State aforesaid.

Signature

Print Name

My Commission Expires: _____



Community Redevelopment Agency BUSINESS INCENTIVE PROGRAM

CITY OF HOMESTEAD GRANT PROGRAM COMPANY INFORMATION INTAKE FORM

THIS FORM SHOULD BE COMPLETED IF APPLICANT IS A LIMITED LIABILITY COMPANY OR LLC

Please provide copies of the following documents:

- Articles of Organization
*May be printed from the Division of Corporations website
(<https://dos.myflorida.com/sunbiz/>)*
- Operating Agreement
*If no Operating Agreement is in place, please check
this box:*
- Print Out from the Division of Corporations showing
Company is active

Please complete the following information:

Names of Members of the Company: Members are the Owners of the Company so this section MUST be filled out. *(If more space is needed, please attach a separate page)*

_____	_____
_____	_____

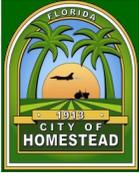
Names of Manager(s) of the Company: Managers are not required so this section will only need to be filled out if the person(s) signing for the Company signs as “manager” and not “member”. *(If more space is needed, please attach a separate page)*

_____	_____
_____	_____

Name of Person(s) that will be Executing the Grant and Related Documents: This person should be one or more of the people listed above as Member or Manager. *(If more space is needed, please attach a separate page)*

_____	_____
_____	_____

NOTE: If Applicant is not the Owner of the Property, a form will also be required to be completed by Applicant’s Landlord if Landlord is a Limited Liability Company or LLC as they will be signing the Mortgage.



Community Redevelopment Agency BUSINESS INCENTIVE PROGRAM

CITY OF HOMESTEAD GRANT PROGRAM
CORPORATION INFORMATION INTAKE FORM

THIS FORM SHOULD BE COMPLETED IF APPLICANT IS A CORPORATION, CORP., OR INC.

Please provide copies of the following documents (as applicable):

<p>Please provide copies of the following documents:</p> <ul style="list-style-type: none"> Articles of Incorporation <i>May be printed from the Division of Corporations website (https://dos.myflorida.com/sunbiz/)</i> By-Laws <i>If no Bylaws is in place, please check this box: <input type="checkbox"/></i> Print Out from the Division of Corporations showing Company is active
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<p>Please complete the following information:</p>
<p>Names of Directors of the Corporation: These should be the group of individuals that approve the corporation's actions not the officers that sign for the corporation. <i>(If more space is needed, please attach a separate page)</i></p> <p>_____</p> <p>_____</p>
<p>Names of Officers of the Corporation and their Titles: These should be the individuals that run and sign for the corporation. We have listed the standard titles but you may list other titles or NONE for any title. The same person can hold multiple positions. <i>(If more space is needed, please attach a separate page)</i></p> <p>Name: _____ Title/Office: <u>President</u></p> <p>Name: _____ Title/Office: <u>Vice President</u></p> <p>Name: _____ Title/Office: <u>Secretary</u></p> <p>Name: _____ Title/Office: <u>Treasurer</u></p> <p>Name: _____ Title/Office: _____</p> <p>Name: _____ Title/Office: _____</p>
<p>Name of Person(s) that will be Executing the Grant and Related Documents: This person should be one or more of the people listed above as President or Vice President. <i>(If more space is needed, please attach a separate page)</i></p> <p>_____</p> <p>_____</p>

NOTE: If Applicant is not the Owner of the Property, a form will also be required to be completed by Applicant's Landlord if Landlord is a Corporation, Corp. or Inc.

