

APPLICATION

Business Name: _____

Business Owner's Name: _____

Business Address: _____

Folio: _____ FEIN: _____

Business Contact Number: _____ Business Email: _____

Type of Business: Sole Ownership ___
Partnership ___
Corporation ___
Other(explain) _____

Current number of employees: _____

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

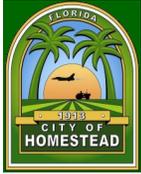
Describe Proposed Improvements:

Total Estimated Cost: _____

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
COMMERCIAL ENHANCEMENT GRANT 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 certify 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

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.

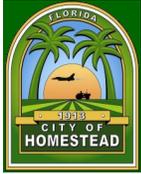
He/She is personally known to me or has produced _____, as identification.

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
COMMERCIAL ENHANCEMENT GRANT 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.

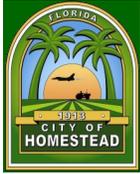
He/She is personally known to me or has produced _____, as identification.

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 COMMERCIAL ENHANCEMENT GRANT PROGRAM

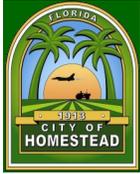
CITY OF HOMESTEAD GRANT PROGRAM COMPANY INFORMATION INTAKE FORM

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

<p>Please provide copies of the following documents:</p> <ul style="list-style-type: none">• Articles of Organization <i>May be printed from the Division of Corporations website (https://dos.myflorida.com/sunbiz/)</i>• Operating Agreement <i>If no Operating Agreement 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 Members of the Company: Members are the Owners of the Company so this section MUST be filled out. <i>(If more space is needed, please attach a separate page)</i></p>	
_____	_____
_____	_____
<p>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". <i>(If more space is needed, please attach a separate page)</i></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 Member or Manager. <i>(If more space is needed, please attach a separate page)</i></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 Limited Liability Company or LLC as they will be signing the Mortgage.



Community Redevelopment Agency COMMERCIAL ENHANCEMENT GRANT PROGRAM

CITY OF HOMESTEAD GRANT PROGRAM CORPORATION INFORMATION INTAKE FORM

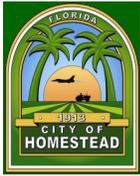
THIS FORM SHOULD BE COMPLETED IF APPLICANT IS A CORPORATION, CORP., OR INC.

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>_____</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>
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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.



Community Redevelopment Agency COMMERCIAL ENHANCEMENT GRANT PROGRAM

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C – C corporation, S – S corporation, P – Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)