City of Winter Park Retail Business Build-Out Program Application

1. APPLICANT

Name: _____

Address: _____

_____ Zip _____

Contact Name: _____ Phone Number: _____

Email: _____ Fax Number: _____

Legal Form: ☐ Sole Proprietorship ☐ Partnership(LLCP)

☐ Limited Liability Company(LLC) ☐ Non-Profit

In which State are the incorporation and/or organization documents filed?

_____

Tax Identification Number: _____

2. BUILDING/BUSINESS TO BE IMPROVED

Name: _____

Address: _____

_____ Zip _____

Type of business: _____

Legal Description: _____

Property Tax Parcel Number: _____

Select Business Corridor the location of the building - pick one from the list below:

☐ Park Avenue

☐ Hannibal Square

☐ Fairbanks Avenue

☐ Orange Avenue

☐ 17/92 (The Golden Mile)

3. OWNER OF PROPERTY (if not applicant)

Name: _____

Contact Name: _____

Address: _____

_____ Zip _____

Phone Number(s): _____

4. AUTHORIZATION TO UNDERTAKE WORK

If the applicant is not the owner of the property, provide a completed Property Owner Authorization using the form attached.
(See last page of this application for authorization form)

5. BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS.

List each type of work separately.

_____

_____

_____

_____

_____

6. ADDITIONAL INFORMATION

Provide any additional detail specific to the proposed project not otherwise addressed, i.e. expansion, relocation required to accommodate growth/new job creation, involuntary displacement (unrelated to financial or operating disputes), change of use, multi-tenant property, etc.

_____

_____

_____

_____

_____

_____

7. ESTIMATED COST OF WORK FROM BIDS RECEIVED – If known, identify the Contractor chosen to do the work.

(Applicant may make multiple copies of this page if the applicant is collecting bids from more than three vendors to ensure a complete scope of work. Please be advised, applicants are not permitted to list their own services/business as a potential vendor for use of grant funding.
List each type of work separately under item 5 and enter the required bids below.)

Bid #1:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: $_____.____

Bid #2:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: $_____.____

Bid #3:

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Bid Amount for Total Work: $ _____.____

Selected Vendor: _____

The City is dedicated to promoting and encouraging diversity in the programs that it supports or funds. Successful applicants in the City's Retail Business Build-Out Program are encouraged to contact contractors that are certified minority owned or small businesses.

8. SOURCE(S) OF ADDITIONAL FUNDING (if any)

_____

_____

_____

9. TOTAL INVESTMENT VALUE OF WORK PROPOSED BY APPLICANT
Include the total cost estimate of all work proposed and being performed at the business, both exterior and any interior improvements being made. $_____

10. ACKNOWLEDGEMENTS

_____ I have read and understand the program guidelines and criteria
_____ I have attached a copy of the completed application
_____ I have attached a copy of my current business license to this application
_____ I have attached a copy of my current property insurance
_____ I have attached a copy of the scope of work and available drawings or sketches
_____ I have attached written consent from the property owner if applicable
_____ I have attached digital photographs of the existing conditions of the project
_____ I have attached a detailed written list of the proposed improvements
_____ I have attached a simple sketch of the improvement project
_____ I have included three competitive bids for each type of work proposed

I understand that final approval must come from all City Departments concerned with any improvement and that award of the grant by the City of Winter Park does not guarantee approval of the project. The applicant and application must meet all City requirements and codes.

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Email Address: _____

Best Phone Contact: _____

CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant and is true and complete to the best of the applicant's knowledge and belief.

To the best of the knowledge of the applicant, there are no outstanding fines or liens against the business and the business is current on all local, state and federal taxes.

If the applicant is not the owner of the property to be rehabilitated, or if the applicant is not the sole owner of the property, the applicant certifies that he/she has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

Verification of any information contained in this application may be obtained by the City from any available source.

_____ _____

Applicant Signature **Date**

Please return a copy of this completed application along with any supporting documentation to the City.

Economic Development/Community Redevelopment Agency Division
401 S. Park Ave
Winter Park, FL 32789

For additional information, please contact:
Edwige Josue
CRA/Economic Development Project Manager
Phone: 407-599-3218
Email: ejosue@cityofwinterpark.org

Staff Use Only: Application Approved (Y / N) Date: _____ By: _____

Retail Business Build-Out Program Property Owner Authorization

I, _____, understand that

_____, a leaseholder of my property located at

_____, is considering improvements under the City of Winter Park Retail Business Build Out Grant Program, hereinafter referred to as "Program." For the purposes of this authorization, hereinafter the City of Winter Park as "City".

I have received and reviewed the Program guidelines and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my building. I understand that I am not financially responsible to complete these improvements under the Program.

I understand and agree that neither the City assume responsibility or liability to me or any other part for any action or failure of any contractor or other third party and in no way guarantee any work to be done or material to be supplied.

I further agree to hold the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the City or any of its officers, representatives, agents or agencies regarding any matters relevant to the participant obligations under the Program.

To the best of my knowledge the property is current on all local, state, and federal taxes

I assure the City that the tenant holds a valid lease with no expiration pending within the next twenty-four months following the date of application for Program funding.

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I have no objection to the applicant pursuing the proposed improvements project, and I authorize the leaseholder to make the proposed improvements under the provisions of the Program.

_____ _____

Property Owner Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this_____day of_____,20___

by_____, who is personally

known to me or who has produced_____as identification.

_____

Notary Public