

**NARANJA LAKES COMMUNITY REDEVELOPMENT AGENCY  
BUSINESS ASSISTANCE GRANT APPLICATION**

All information provided is subject to applicable public information laws.  
Please attach additional sheets if necessary.

1. Business Name																																		
2. Owner (s) Name (s)																																		
3. Business Address																																		
4. Phone																																		
5. Fax																																		
6. Email Address																																		
7. Description of Business Activity, including Business Code found on occupational license																																		
8. Statement of Years in Business																																		
9. Number of Employees (Full and Part Time)																																		
10. Employee Information	<table border="0"> <thead> <tr> <th align="center">Name</th> <th align="center">Address</th> <th align="center">Zip</th> </tr> </thead> <tbody> <tr><td>1.</td><td>_____</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td><td>_____</td></tr> <tr><td>5.</td><td>_____</td><td>_____</td></tr> <tr><td>6.</td><td>_____</td><td>_____</td></tr> <tr><td>7.</td><td>_____</td><td>_____</td></tr> <tr><td>8.</td><td>_____</td><td>_____</td></tr> <tr><td>9.</td><td>_____</td><td>_____</td></tr> <tr><td>10.</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Address	Zip	1.	_____	_____	2.	_____	_____	3.	_____	_____	4.	_____	_____	5.	_____	_____	6.	_____	_____	7.	_____	_____	8.	_____	_____	9.	_____	_____	10.	_____	_____
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<p>11. Corporate Structure</p>	<p style="text-align: right;">(Check One)</p> <p> <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Other (please describe) </p>
<p>12. Funding Request</p>	<p><b>Commercial (Max. Request, \$70,000)</b></p> <hr/>
<p>13. How grant funds will be used  – Please describe how you intend to use grant funds if you are approved.  Funds may be used for Inventory/Supplies, Business Equipment, Marketing and Advertising, Construction and Minor Renovation.</p> <p><b>Please attach the following (as applicable):</b></p> <p> <input type="checkbox"/> Quotes/Cost estimates  <input type="checkbox"/> Product specifications,  or  <input type="checkbox"/> Architectural drawings  <input type="checkbox"/> Proposals for advertising or marketing.  <input type="checkbox"/> Vendor information </p>	
<p>14. Describe your business and how this funding will assist in the growth of your business.</p>	

<p>15. Will this grant request result in the creation of a job(s). If so describe. Also specify whether it is FT or PT.</p>	
<p>16. Does business owner live in the Naranja Lakes CRA?</p>	
<p>17. Does the business owner work for or have a current vendor relationship with Miami Dade County? If so, please describe relationship.</p>	
<p>18. Are you currently or have you in the past two years been an economic development or technical assistance grant recipient? If so, please indicate grant source and status.</p>	<p style="text-align: center;"><b>Source</b> <span style="float: right;"><b>Status</b></span></p>
<p>19. What are your regular business hours?</p>	
<p>20. How long have you been in continuous business?</p>	
<p>21. Do you own or rent your facility? If you rent, please indicate name and address of landlord.</p>	
<p>22. Please attach the following documents. If application does not include the following documents, your application will not be considered. If your documents are expired your application will not be considered.</p>	<p>_____ <b>Local Business Tax License (Occupational License)</b></p> <p>_____ <b>Applicable Business Licenses</b></p> <p>_____ <b>Copy of cancelled check for most recent payroll taxes</b></p> <p>_____ <b>Certificate of Use</b></p> <p>_____ <b>Photo of business (storefront view)</b></p>

By my signature, I affirm that the information contained in this application is true and accurate to the best of my knowledge. If chosen to participate in this program I agree to use the funds in accordance with the business activity stated in the grant contract. I agree to participate in Grant Workshop in order to receive funding. I agree to participate in Business Assistance Grant Exist Survey. I furthermore agree to comply with all reasonable and related information requests presented by the Office of Community and Economic Development and its agents.

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Signature of Business Owner

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Date

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Notary Signature

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Date