



Commissioner  
**Eileen Higgins**  
District 5

# DISTRICT 5 RETAIL RELIEF PROGRAM

## *Phase II*

Apply for a \$1,000 grant to  
use towards the rent or  
mortgage of your  
commercial space



305-375-5924



[SmallBusinessD5@miamidade.gov](mailto:SmallBusinessD5@miamidade.gov)



## ABOUT THE PROGRAM

The COVID-19 pandemic has affected our community in ways we had never experienced before. From our children's education moving to remote learning, to the implementation of social distancing rules, we are all doing our part to flatten the curve and protect our loved ones.

As a result, a majority of small businesses found themselves in the position to shut down their operations. Retail businesses deemed "nonessential" were obligated to close following emergency orders from local and state governments and restaurants had to rely on delivery and takeout, therefore losing a majority of their business and in many cases having to close completely.

As businesses reopen across our District, we aim to support them and ease their transition into our New Normal. For this reason, we have expanded the eligibility requirements for Phase II of this program to include nonessential retail businesses and restaurants

Upon hosting multiple Small Business webinars in partnership with the Small Business Administration, the Small Business Development Center at FIU, and Prospera, Commissioner Higgins heard from small business owners who did not qualify for Municipal, State, or Federal aid.

In response, Commissioner Higgins launched *the District 5 Retail Relief Program* in place of the 2020 Mom and Pop Program. **After a successful Phase I, we are launching Phase II of the *District 5 Retail Relief Program* for nonessential retail businesses and restaurants in our District.** The goal of this program is to provide \$1,000 grants to be used **only for rent or mortgage payments** of commercial spaces. Business owners must provide proof of rent or mortgage payment in order to receive the \$1,000 grant as a reimbursement.

The *District 5 Retail Relief Program* aims to help decrease the business owners' expenses and ensure they can focus any other funds towards payroll, staffing, and other re-opening costs.

District 5 understands that all businesses, essential and nonessential, have been impacted by COVID-19.

### Submission details

- Applications will be accepted from **Friday, June 5, 2020 through Friday, June 12 at 5:00pm.**
- All applications **must** be submitted via email to **SmallBusinessD5@MiamiDade.gov**. Paper applications that are mailed or dropped off at the office **will not be accepted.**
- **Late or incomplete applications will not be accepted.**
- District 5 has the right to stop accepting applications before the final deadline if quota of eligible applications has been exceeded.
- All applicants will be notified via email of the results of the District 5 Retail Relief Program within 10 business days of submission.



## ELIGIBILITY GUIDELINES

### To be eligible for this grant, businesses must:

- Be located within District 5 - [verify that your business is located in District 5 here](#)
- Be one of the following types of businesses:
  - Have been deemed ***nonessential*** by Miami-Dade County Mayor Carlos Gimenez's emergency orders issued on March 19, 2020 ([find emergency orders here](#)): Art supply stores, craft supply stores, barbers, beauty salons, nail salons, bookstores, clothing boutiques, jewelry stores, music supply stores, souvenir stores, spas, sporting goods stores, tutoring centers, performance arts studios, toy stores and children's stores.
  - Be a restaurant located in District 5
- Have between 2-10 employees, including the owner as of the date of closure
- Have been in operation for at least 1 year
- Be a for-profit business. Non-profit agencies can not apply
- Have a physical address - P.O. box as mailing address only
- Operate in a rented or owned commercial space

### The following businesses are not eligible for this grant:

- Home-based businesses
- Essential businesses allowed to remain open throughout the COVID-19 pandemic
- Independent contractors
- Businesses that are not in District 5, or relocate out of District 5 during the process
- Businesses that are a part of a national chain

**\*\* Applicants can only submit an application for 1 business - if multiple applications are submitted by the same business owner only 1 will be considered for funding \*\***



## REQUIRED DOCUMENTS

The following documents are **required** to be considered for this grant. Incomplete applications will not be considered. **Please use this page as a checklist to ensure your application is complete upon submission.**

All documents must be emailed to [SmallBusinessD5@miamidade.gov](mailto:SmallBusinessD5@miamidade.gov). Documents mailed or dropped off to any of the District 5 offices will **not** be considered. Applicants can send each document as separate attachments OR send include them all in 1 PDF.

- ☐ Completed application forms including:
  - ☐ Identifying Information page
  - ☐ Employee Roster
  - ☐ Employee Roster
  - ☐ Application Questions
  - ☐ Request for Opinion (ONLY if you serve on a Miami-Dade County Board or you're a Miami-Dade County employee)
- ☐ Copy of of Sunbiz page showing business has been in operation for at least 1 year
- ☐ Copy of active State of Florida Corporation and/or Fictitious Name (Can be found on SunBiz if applicable)
- ☐ Copy of current year's Miami-Dade County Business Tax (LBT) certificate or paid receipt
- ☐ Copy of City License (City of Miami or City of Miami Beach) or paid receipt
- ☐ Copy of your State of Florida Professional License if it applies to your business. You may find your license **here**
- ☐ Copy of Photo ID (driver's license or State ID)find
- ☐ W-9 for your business
- ☐ Photo of the outside of the business / commercial space



## IDENTIFYING INFORMATION

Business Name (As it appears on Sunbiz)\*:

Business Address:

Owner's Name:

Owner's Primary Phone Number:

Alternative Phone Number:

Owner's Primary Email Address:

Owner's Home Address:

Preferred Mailing Address:

A Data Universal Numbering System (**DUNS**) number is REQUIRED. Apply for DUNS Number Here: <https://dashboard.dnb.com/register> or via telephone at **1-800-700-2733**.

Print DUNS Number Here:

Type of Business :

Other type of business:

Business FEI/EIN:

\*Please verify that the business name stated is correct and there are no grammatical or punctuation errors. If your business is registered under a DBA, please make sure to state as such.



## EMPLOYEE ROSTER AS OF MARCH 19, 2020

Number of Employees

Full Time:

Part Time:

Employee Name (Print)	Date of Hire	Hourly Rate	Job Title*	Full Time (FT) or Part Time (PT)	Race**

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

Owner Signature

Date

\*Job Title: Officials and Managers, Technicians, Craft Worker (Skilled), Laborer (Unskilled), Sales Professional, Office and Clerical, Operative (Semi-Skilled), Service Workers

\*\*Race: W-White, B-Black, A-Asian, AI-American Indian, H-Hispanic, O-Other



## APPLICATION QUESTIONS

**The answers to the following questions should be typed on a separate document and submitted with the other application materials.** Please keep your answers to these questions to 2 pages maximum. Any additional pages will not be considered.

1. How long have you been in business?
2. Have you received District 5 Mom and Pop funding in the past? If so, what year?
3. Are you or any shareholders employed by Miami-Dade County? If yes, what department?
4. Describe your business and the services or goods you offer to the community.
5. Has your business reopened? If not, what are your plans regarding the resuming of your operations?
6. Have you participated in any Small Business Training in the past? If so, what programs and when?
7. Have you received municipal, state, and/or federal small business relief funds during the COVID-19 pandemic such as PPP, EIDL, State of Florida Disaster Bridge loan, etc.? If yes, what type of aid, how much, and when?
8. Do you offer any benefits to your employees, such as paid time off, sick leave, health insurance, etc.?
9. Does the business participate in community service or contribute to community organizations?



## EXAMPLES OF REQUIRED LICENSES AND DOCUMENTS

All the documents and licenses submitted **MUST** have the correct name listed. Please verify the spelling and punctuation for each one.

**Local Business Tax Receipt**  
Miami-Dade County, State of Florida  
-THIS IS NOT A BILL - DO NOT PAY

5803888

**BUSINESS NAME/LOCATION**  
DARTH JOHNNY  
10970 SW 46 ST  
MIAMI FL 33165

**RECEIPT NO.**  
**RENEWAL**  
6051627

**EXPIRES**  
**SEPTEMBER 30, 2015**  
Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

**OWNER**  
DARTH JOHNNY  
Employee(s) 0

**SEC. TYPE OF BUSINESS**  
213 SERVICE BUSINESS

**PAYMENT RECEIVED BY TAX COLLECTOR**  
\$75.00 07/13/2014  
CREDITCARD-14-026508

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)

### Miami-Dade County License

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

**LICENSE NUMBER**  
CPC#####

The COMMERCIAL POOL/SPA CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 201

Name  
Company  
Address  
City, State ZIP

ISSUED: 05/29/2014 DISPLAY AS REQUIRED BY LAW SEQ # L1405290002552

### Florida Professional License

**W-9**  
Form (Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

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

Name (as shown on your income tax return)  
**Enter Your Legal Name Here**

Business name, if different from above

Check appropriate box: ☒ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (Disregarded entity, C corporation, Partnership) ☐ Exempt payee  
☐ Other (see instructions)

Address (number, street, and apt. or suite no.)  
**Enter Your Street Address Here**

City, state, and ZIP code  
**Enter Your City, State, & Zip Code Here**

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 your social security number (SSN).** However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**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).

**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 on page 4.

**Sign Here** Signature of U.S. person **Sign the Form Here** Date **Enter Date Signed**

W-9





Commissioner  
**Eileen Higgins**  
District 5

**City of Miami** POST THIS DOCUMENT IN A CONSPICUOUS PLACE. NOT TRANSFERABLE OR VALID AT ANOTHER ADDRESS UNLESS APPROVED BY THE FINANCE DEPARTMENT, CITY OF MIAMI 444 S.W.2 AVE 8TH FLOOR, MIAMI, FL 33130, PHONE (305)416-1916.

**THIS IS NOT A BILL  
DO NOT PAY**

**EFFECTIVE YEAR OCT. 1, 2011 THRU SEP. 30, 2012**

RECEIPT FOR FIESTA COFFEE SHOP INC

ISSUED NOV 10, 2011 TOTAL FEE PAID \$47.00

ACCOUNT NUMBER 302203-00612864  
RECEIPT NUMBER 178389-0002  
NAME OF BUSINESS FIESTA COFFEE SHOP INC  
LOCATION 1715 SW 1 ST

IS HEREBY IN COMPLIANCE TO ENGAGE IN OR MANAGE THE OPERATION OF: RESTAURANT

**2012**

Pete Chircut  
Interim Finance Director

This issuance of a business tax receipt does not permit the holder to violate any zoning laws of the City nor does it exempt the holder from any license or permits that may be required by law. This document does not constitute a certification that the holder is qualified to engage in the business, profession or occupation specified herein. The document indicates payment of the business tax receipt only.

## City of Miami License

THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK  
**CITY OF MIAMI BEACH**

**CERTIFICATE OF USE, ANNUAL FEE, AND BUSINESS TAX RECEIPT**

1700 Convention Center Drive  
Miami Beach, Florida 33139-1819

TRADE NAME: CATHERINE WEBB  
DBA:  
IN CARE OF:  
ADDRESS: 1732 Meridian Ave, 605  
MIAMI BEACH, FL - 331391815

LICENSE NUMBER: BTR008410-12-2019  
Beginning: 01/31/2020  
Expires: 09/30/2020  
Parcel No: 0232340570290

TRADE ADDRESS: 1732 Meridian Ave, 605

Code	Business Type
95017300	Transient Short-Term Rental - Residential

A penalty is imposed for failure to keep this Business Tax Receipt exhibited conspicuously at your place of business.

A Business Tax Receipt issued under this article does not waive or supersede other City laws, does not constitute City approval of a particular business activity and does not excuse the licensee from all other laws applicable to the licensee's business.

This Receipt may be transferred.

A. Within 30 days of a bona fide sale, otherwise a complete annual payment is due.

B. To another location within the City if proper approvals and the Additional Information Building Department Conditions to License: Non-Transient Use Only as per FS.509.013&242: For Transient Use a Change of Use permit By a GC is required.

Storage Locations

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## City of Miami Beach License



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99 service

Search

**Events** No Name History

### Detail by Entity Name

Florida Limited Liability Company  
99 SERVICES, LLC

### Filing Information

**Document Number** L14000146918  
**FE/EIN Number** 47-1943182  
**Date Filed** 09/18/2014  
**State** FL  
**Status** INACTIVE  
**Last Event** ADMIN DISSOLUTION FOR ANNUAL REPORT  
**Event Date Filed** 09/23/2016  
**Event Effective Date** NONE

### Principal Address

6724 SW 28TH STREET  
MIAMI, FL 33155

### Mailing Address

6724 SW 28TH STREET  
MIAMI, FL 33155

### Registered Agent Name & Address

MONTE-MONTO, ALEJANDRO M  
6724 SW 28TH STREET  
MIAMI, FL 33155

## SunBiz.Org with visible FEIN number



[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

Submit

### Filing History

## Fictitious Name Detail

### Fictitious Name

THE MIGHTY

### Filing Information

**Registration Number** G13000028288  
**Status** ACTIVE  
**Filed Date** 03/22/2013  
**Expiration Date** 12/31/2023  
**Current Owners** 1  
**County** MIAMI-DADE  
**Total Pages** 2  
**Events Filed** 1  
**FE/EIN Number** 46-2309928

### Mailing Address

2224 CORAL WAY  
MIAMI, FL 33145

### Owner Information

ALMANAC LLC  
2224 CORAL WAY  
MIAMI, FL 33145  
**FE/EIN Number:** 46-2309928  
**Document Number:** L13000031075

## SunBiz.Org Fictitious Name



**REQUEST FOR OPINION FROM COMMISSION ON ETHICS  
ACQUIRING FINANCIAL INTEREST**

I, , the owner or president of

(Owner or President Name)

(Business Name)

whose business address is

(Business Address, City, State, Zip)

(Phone #)

(Email)

Include a short description of the type of business operating

  

Are you currently an employee or board member of any Miami Dade County Board?

☐ Yes ☐ No

If yes, what Department or Board?

If yes, are you seeking to contract with Miami Dade County? ☐ Yes ☐ No

I am being considered for funding through the Mom and Pop Small Business Grant Program and request clearance from the Commission on Ethics. Please review my request and forward to the Office of Commissioner Eileen Higgins, SmallBusinessD5@MiamiDade.gov.

Thank you in advance for your attention to this very important matter.

Signature

Date