



## **BUSINESS ASSISTANCE PROGRAM**

### **APPLICATION CHECKLIST**

*All items on the checklist are required to submit your application. Incomplete applications cannot be accepted.*

\_\_\_\_\_ **Original Application** (General Information, Business Information, Project Information, Applicant/Property Signature page)

\_\_\_\_\_ **Copy of Business Tax Receipt (Existing Businesses only)**

New Businesses will be required to submit a copy of a City of Orlando Business Tax Receipt within 90 days of agreement execution. A copy of your Florida Department of Business and Professional Regulation license may also be required.

\_\_\_\_\_ **Copy of Lease Agreement**

\_\_\_\_\_ **Estimate of Construction Costs**

\_\_\_\_\_ **City of Orlando Development Fee Schedule**



**BUSINESS ASSISTANCE PROGRAM APPLICATION**

**APPLICANT:**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Location (Existing/Future):**

Address: \_\_\_\_\_  
\_\_\_\_\_

Parcel ID Number(s): \_\_\_\_\_

City Zoning: \_\_\_\_\_

City Commission District: \_\_\_\_\_

**THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO OBTAINING ANY CITY OF ORLANDO BUILDING PERMITS**

**BUSINESS INFORMATION**

Business Name- [as filed with State]: \_\_\_\_\_

*\*Must attach State of Florida incorporation documentation (Fictitious Name, incorporation documents, etc.)*

Business Address: \_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

SIC Code(s): \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Business Entity:      \_\_\_\_\_ Proprietorship                      \_\_\_\_\_ Partnership  
                                 \_\_\_\_\_ Limited Liability Corporation              \_\_\_\_\_ Corporation  
                                 \_\_\_\_\_ Other: \_\_\_\_\_

If business is a corporation:

City and State of incorporation: \_\_\_\_\_

Date incorporated: \_\_\_\_\_

If a subsidiary, name of parent company: \_\_\_\_\_

Publicly Traded: \_\_\_\_\_

**JOBS**

Total # of **Existing** Jobs: \_\_\_\_\_ Part -Time                      \_\_\_\_\_ Full -Time

**Proposed** # of Positions: \_\_\_\_\_ Part-Time                      \_\_\_\_\_ Full-Time

Average Wage (excluding benefits): \_\_\_\_\_

Average Annual sales/Gross receipts (actual or estimated): \_\_\_\_\_



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Estimated Development Fees Due to City: \_\_\_\_\_  
*\*Must attach City of Orlando Development Fee List*

Fees Seeking From City: \_\_\_\_\_

Do you own or have interest in any other real estate in Orange County? \_\_\_\_\_

*If yes, please list addresses:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received any funding assistance from the City of Orlando to date? \_\_\_\_\_

*If yes, please provide descriptions and amounts received:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **APPLICATION SIGNATURE**

The Applicant, \_\_\_\_\_, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by City of Orlando Economic Development Staff and the Orlando City Council is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. In addition, you may be subject to prosecution under Orlando City Code Section 43.16, False Information. The Economic Development Department maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Business Assistance Program, the Applicant agrees that it will enter into a Funding Agreement with the City of Orlando with terms relating to, among other things, the City's right to receive re-payment of program funds, the City's right to review and audit any and all records related to the Agreement. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds.

*By signing below, the Applicant authorizes the City of Orlando to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.*

*By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Business Assistance Program policies, procedures, and conditions.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_