

FUNDING ASSISTANCE APPLICATION FORM

11/22/1

Com	pany Information Date of Application: 11/12/2019				
K 1.	Business Name: _Apex Insurance & Investment Group IIC/ PC Gast Holding				
2.	Website: WWW.ForTheInsured.com				
3.	Year Established: 2006 OC Cast Holdings LCC EST: 2019				
4.	Legal Structure: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Nonprofit				
5.	5. Does the company have a valid M/WBE certification? ☐ Yes ☐ no				
χ 6.	FEIN #: 26-3989827 / 83-2778412 (&C)				
7.	6-Digit NAICS Code: (refer to attached NAICS Code List)				
8.	Is the business currently operating?				
	a. If yes, current address:1911 S. Federal HWY, Suite 950, Delray Beach, FL 33483				
	b. Length of time at the current location: 10				
	c. The current location is:				
	i. If leased, please provide lease expiration date: Month to Month				
9.	Current Number of Employees:				
	a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip				
	codes):3				
	. Anticipated New Jobs to Be Created: 2. Account Managers and Sales Associates				
	act Information				

12. Email: PJUCF@yahoo.com				
13. Mailing Address: 702 NE 3rd Avenue, Delray Beach, FL 33444				
14. Business Phone: <u>(561) 272-9683</u>				
15. Cell Phone: (561) 441-9695				
Project Information	_			
14. Funding Requested: (please select all that apply)				
☐ Rent Subsidy ☐ Historic Façade Easement				
☐ Paint-Up & Signage ☐ Site Development Assistance				
15. Project Address:702 NE 3rd Avenue, Delray Beach, FL 33444				
16. Square Feet of Project Location: 1000 Sf				
17. Type of space: ☐XOffice ☐ Retail ☐ Restaurant ☐ Industrial/Flex				
☐ Other (please specify):				
18. Do you lease or own the project location? ☐ Lease				
Dates of Lease Term: Annual Rental Rate: \$ (if applicable)	_			
Property Owner (as recorded on warranty deed): QC East Holdings LLC				
Date of Acquisition (if applicable): <u>09/22/2019</u>				
19. Estimated Cost of Exterior Improvements: \$_80,000				
20. Total Estimated Capital Investment: \$_\$580,000				
21. Proposed Improvements: (select all that apply)				
☐ Building Expansion ☑kLighting/Electrical ☑kStorefront/Façade ☐xWindows/Doors ☐				
Signage				

☐ Awning/Canopy	KLandscape/Irrigation	XX Exterior Painting	XX Parking
☐ Other (please spec	cify):		

Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.

I, the undersigned, being a principal of the business applying for funding assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be located in the City of Delray Beach Community Redevelopment Area.

I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project I have represented in this application, and to obtaining a Certificate of Occupancy or the necessary satisfactory inspection notices signifying that any improvements have been done in accordance with city ordinances and codes. I agree to maintain a valid Delray Beach business tax receipt at all times, and to obtain all necessary City approvals prior to beginning any work. I understand that a failure to do so may jeopardize my ability to receive CRA funding under any funding assistance program.

I understand that any proposed improvement project as represented in this application must receive CRA board approval <u>before</u> any construction begins in order to be eligible for reimbursement.

I have read the program guidelines in their entirety and by signing below accept the terms of the program. I understand that if this application is incomplete, contains false information or is not accompanied by the necessary documents, it will not be processed.

(6)	11/12/19
Applicant's Signature	Date
Printed Name	Sresiolal E
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Received By:		Date:	
	☐ Complete	☐ Incomplete	☐ Packet Attached