DELRAY BEACH CRA

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FUNDING ASSISTANCE APPLICATION FORM

				Dat	e of Application	8-10-202	- And
x				L		010-202	-3
COMPANY INFO	RMATIC	N					
1. Business Name	Blan	c. Be	nity S	alon	Haican	A Nail IA	10
2. Website					1		<u> </u>
3. Year Established		•••••	4. Legal	120	Corporation	LLC DPartne	
5. FEIN# 47-3564341				6-Digit NAICS Code	812113	Does the company have a valid MAWBE	Yes No
7. Is business current	tly operatin	ıg?	Yes		SIƏIIƏ Current Iocation is:	certification?	
If currently operatin	g				There and has		
	antic.	Ave	Pelra			33444	
Length of time at current location				If leased, provide lease expiration date			
8. Current Number of Employees	FT			PT:		1099:	
Total number of em (residing in zip code				sidents		1	
9. Anticipated New Jo Be Created	obs to FT	4		PT:		TOTAL:	
CONTACT INFO	RMATIC	ÎN .					
10. Name & Title:	Norc	ibie	<u> </u>	onh	omme,	Dwner	<u>- Miller Boller - Adria</u>
11. Email					/	ibien1@gmail.cor	'n
12. Mailing Address			0			, Fl. 3344	4
13. Business Phone					I	·	
14. Cell Phone	561-F	573-	0206				

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15. Funding Program Requested		ade Impro Signage sultancy & sultancy &	hip Grant vement Design (Project Feasi Design (Project Desig	oility Co	onsult)
16. Project Address	Tell W. Delray B	Hitkint each, t	10 Ave 21. 33444	of	Project Ocation 900 S1. F4
18. Type of space	 Office ' Personal Se Mixed-Use 		Commercial Restaurant Other:	Re Inc	tail Justrial/Flex
19. Do you lease or own the project location?	DV Lease	Dates of Le	ease Term:	Ar \$	nnual Rental Rate:
Property Owner (as	recorded on warr	anty deed):			
Date of Acquisition	(if applicable):			+	
20. Total Estimated Project Cost	Entire Project: \$ 42,855	G. J	Interior: \$ 42,855,00		sterior:
21. Total Capital Investment	\$				
22. Proposed Improvements: (select all that apply)	 Building Exp Windows/Do Landscape/ Other (please) 	oors Irrigation	Lighting/Electrical Signage Exterior Painting See CHAChe		Storefront/Façade wning/Canopy Parking
23. Business Overview	v: describe the bu			1	oeauty Salon-that aditional straight ent, Men and Worr d design needs: Hair (U

P:\Grants and Incentives\Economic Development\OCRA FUNDING PROGRAMS-OFFICIAL\0GUIDELINES\0Funding Assistance Application Form REVISED 2.28.2023.pdf 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 and or direct vendor payment.

I understand that because Florida has a very broad public records law, some or all of the information contained within this application may be subject to public disclosure in accordance with state statutes.

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.

By signing and submitting this form, the applicant affirms that the information provided as part of the application package including all required documentation is true and accurate to the best of their knowledge.

JORcibien Monhomme	8-9-2023
Applicant's Signature	Date
Norcibien Monhomme	Cupper
Printed Name	Title

FOR OFFICE USE ONLY	91. ×
RECEIVED BY:	
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