



# FUNDING ASSISTANCE APPLICATION FORM

Date of Application

5/8/22

## COMPANY INFORMATION

1. Business Name		Conch Cravings			
2. Website		N/A			
3. Year Established		4. Legal Structure		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship	
2021					
5. FEIN #		6. 6-Digit NAICS Code		Does the company have a valid M/WBE certification?	
86-2186849				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is business currently operating?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Current location is:	
				<input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned	
If currently operating...					
Current address:					
1191 N. Fed. Hwy S-5 Delray Beach 33483					
Length of time at current location		If leased, provide lease expiration date			
14 mos		5/24			
8. Current Number of Employees		FT:		PT:	
		1		1	
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):				2	
9. Anticipated New Jobs to Be Created		FT:		TOTAL:	
				2	

## CONTACT INFORMATION

10. Name & Title:		Gloria Denson - Owner	
11. Email		Conchcravings@gmail.com	
12. Mailing Address		1191 N. Fed. Hwy S-5 Delray 33483	
13. Business Phone		561-455-2120	
14. Cell Phone		561-577-1154	

# PROJECT INFORMATION

15. Funding Program Requested	<input type="checkbox"/> Community Sponsorship Grant <input type="checkbox"/> Historic Façade Improvement <input type="checkbox"/> Paint-Up & Signage <input type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult) <input type="checkbox"/> Project Consultancy & Design (Project Design Services) <input checked="" type="checkbox"/> Rent Subsidy <input type="checkbox"/> Site Development Assistance
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16. Project Address	1191 N. Fed. Hwy S 5 Delray	17. Square Feet of Project Location	525
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18. Type of space	<input type="checkbox"/> Office <input type="checkbox"/> Personal Services <input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Retail <input type="checkbox"/> Industrial/Flex
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19. Do you lease or own the project location?	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Own	Dates of Lease Term: 3/21 - 3/24	Annual Rental Rate: \$ 21,000
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Property Owner (as recorded on warranty deed):  
 MG Realty Florida, LLC

Date of Acquisition (if applicable):

20. Total Estimated Project Cost	Entire Project: \$	Interior: \$	Exterior: \$
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21. Total Capital Investment	\$
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22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Landscape/Irrigation <input checked="" type="checkbox"/> Other (please specify): Rental Assist.	<input type="checkbox"/> Lighting/Electrical <input type="checkbox"/> Signage <input type="checkbox"/> Exterior Painting	<input type="checkbox"/> Storefront/Façade <input type="checkbox"/> Awning/Canopy <input type="checkbox"/> Parking
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23. Business Overview: describe the business use and activity:  
 Conch Cravings is a local seafood takeout restaurant providing, cook to order seafood dishes.

24. Project Description: provide a brief overview of the proposed project concept and design needs:  
 I am requesting rental assistance to help me to grow within the first year of my business. This will help me to afford costs to run the business.

## CERTIFICATION

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 before 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.*

	<i>5/18/22</i>
<b>Applicant's Signature</b>	<b>Date</b>
<i>Gloria Densen</i>	<i>owner</i>
<b>Printed Name</b>	<b>Title</b>

FOR OFFICE USE ONLY		
<b>RECEIVED BY:</b> Alexina J.		<b>DATE</b> 5/27/2022
<input checked="" type="checkbox"/> <b>COMPLETE</b>	<input type="checkbox"/> <b>INCOMPLETE</b>	<input type="checkbox"/> <b>PACKET ATTACHED</b>