



DELRAY BEACH CRA
COMMUNITY REDEVELOPMENT AGENCY

FUNDING ASSISTANCE APPLICATION FORM

Company Information

Date of Application: 03-08-2018

1. Business Name: Ceasars Catering and More
2. Website: www.ceasarsfamousribs.com
3. Year Established: 2010
4. Legal Structure: ☐ Corporation ☒ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Nonprofit
5. Does the company have a valid M/WBE certification? ☐ Yes ☐ no
6. FEIN #: 27-2966381
7. 6-Digit NAICS Code: _____ (refer to attached NAICS Code List)
8. Is the business currently operating? ☐ Yes ☒ No
 - a. If yes, current address: _____
 - b. Length of time at the current location: 4 months
 - c. The current location is: ☒ Leased ☐ Owned
 - i. If leased, please provide lease expiration date: 2022
9. Current Number of Employees: 1
 - a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip codes): 33444
10. Anticipated New Jobs to Be Created: 3

Contact Information

11. Name/Title: Willie Ceasar
12. Email: ceasarsfamousribs@gmail.com

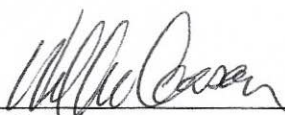
Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the CRA office.

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.

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.



03-08-2018

Applicant's Signature

Date

Willie Ceasar

President/Owner

Printed Name

Title

FOR OFFICE USE ONLY

Received By: _____ Date: _____

☐ Complete ☐ Incomplete ☐ Packet Attached