

FUNDING ASSISTANCE APPLICATION FORM

						ate of A	pplication	5/4/2022	
COMPANY INFO	RMA	TION							
1. Business Name	R	MAM	L	C					
2. Website	N/A	4							
3. Year Established	2019		4	4. Legal Structure		☐ Corporation ☐ Nonprofit ☐		PLLC	
5. FEIN# 594573961				6.	6-Digit NAICS Code		1	Does the company have a valid M/WBE certification?	☐ Yes ÆNo
7. Is business currently operating? Yes Owned									
If currently operating									
Current address: 3591 S FEDERAL HIGHWAY #E BOYNTON BEACH, FL 33435									
Length of time at current location		9 yr. 9 mo.				If leased, provide lease expiration date		2023	
8. Current Number of FT: Employees		2		PT:	PT:		1099:		
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):									
Anticipated New Jobs to Be Created		FT:	. 0		PT:	PT: O		TOTAL:	
CONTACT INFORMATION									
10. Name & Title: MICHAEZ HOCKTON - OWNER									
11. Email	Mrh@ThephoExixboxINg. LOM								
12. Mailing Address	3591 S.FELYERAZ HIGHWAY # E BOYNTON BEACH, FZ 33435								
13. Business Phone	Business Phone (954) 643-0468								
14. Cell Phone	(954)6430468								

PROJECT INFORMATION						
15. Funding Program Requested	☐ Community Sponsorship Grant ☐ Historic Façade Improvement ☐ Paint-Up & Signage ☐ Project Consultancy & Design (Project Feasibility Consult) ☐ Project Consultancy & Design (Project Design Services) ☐ Rent Subsidy ☐ Site Development Assistance					
16. Project Address			Delray Beach, FL		Square Feet of Project Location	Proposed 9,032 sf
18. Type of space	☐ Office ☐ Personal S ☐ Mixed-Use		☐ Commercial ☐ Restaurant ☐ Other:		Retail Industrial/Fle	×
19. Do you lease or own the project location?	☐ Lease ■ Own		ease Term:	- 1	Annual Rental	Rate:
Property Owner (as recorded on warranty deed): Romau, LLC						
Date of Acquisition (if applicable): April 2019						
20. Total Estimated Project Cost	* 1.925 n	nillion	Interior: \$950k	\$975k		
21. Total Capital Investment	\$400k (with remaining thru. constr. loan					
22. Proposed Improvements: (select all that apply)	■ Building Expansion ■ Lighting/Electrical ■ Storefront/Façade ■ Windows/Doors ■ Signage ■ Awning/Canopy ■ Landscape/Irrigation ■ Exterior Painting □ Parking □ Other (please specify):			-		
23. Business Overview: describe the business use and activity: - Existing Boxing Gym - Retail Space - Office Space Multi-Family Dwellings						
24. Project Description: provide a brief overview of the proposed project concept and design needs: Mixed Use building on the corner of 5th Ave & 1st Street with street wrapped arcade on possibly (2) sides. Building design to promote live/work close to downtown. Owner expects the improvements to enrich the neighborhood.						

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 <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.

12 1	
Delin Co	April 28th, 2022
Applicant's Signature	Date
Michael Hockton	Owner
Printed Name	Title

	FOR OFFICE USE (DNLY	
RECEIVED BY:			DATE
R.E.			5/4/2022
COMPLETE	INCOMPLETE	☐ PAC	KET ATTACHED