

FUNDING ASSISTANCE APPLICATION FORM

Company Information	Date of Application: 6/11/18						
1. Business Name: Doughnut Works							
2. Website: doughnutworks.com							
3. Year Established: 2017	3. Year Established: 2017						
	. Legal Structure: 🗆 Corporation 🛛 LLC 🗖 Partnership 🗖 Sole Proprietorship 🗖 Nonprofit						
5. Does the company have a valid M/WBE certification	5. Does the company have a valid M/WBE certification?						
6. FEIN #: <u>81-2621791</u>							
7. 6-Digit NAICS Code: 722515 (refer to attached NAICS Code List)							
8. Is the business currently operating? 🖾 Yes	🗖 No						
a. If yes, current address: <u>301 W Atlantic</u>	: Ave. Ste R3A, Delray Beach FL 33444						
	1 month						
c. The current location is: IIILeased	Owned						
i. If leased, please provide lease expi	ration date: <u>10th day of February, 2021.</u>						
9. Current Number of Employees: 3							
a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip							
codes):							
10. Anticipated New Jobs to Be Created:anticipate 2	2 new hires by next year						
Contact Information 11. Name/Title: Manish Mehta/ Partner							
	loughnutworks.com						

13. M	1ailing Address: 301 W Atlantic Ave, Ste R3A, Delray Beach FL 3344					
14. Bi	usiness Phone: <u>(561) 808-7122</u>					
15. Ce	ell Phone: (305) 582-1604					
•	t Information					
14. Fi	14. Funding Requested: (please select all that apply)					
X	🛿 Rent Subsidy 🗖 Historic Façade Easement					
X	Paint-Up & Signage					
1E D.	15. Duriest Addusses 201 W/ Atlantic Ave. Sto D24. Delroy Dooph. 51 22444					
15. PI	roject Address: <u>301 W Atlantic Ave, Ste R3A, Delray Beach, FL 33444</u>					
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16. Sc	quare Feet of Project Location: <u>995</u>					
17. Ty	ype of space: 🗖 Office 🛛 Retail 🗖 Restaurant 🗖 Industrial/Flex					
	Other (please specifiy):					
18. D	o you lease or own the project location? Lease 🖬 🗖 Own					
Da	ates of Lease Term: 2/10/2018 to 2/10/2021 Annual Rental Rate: \$\$37,062.00					
	(if applicable)					
Pr	roperty Owner (as recorded on warranty deed): <u>SMK HOLDING, LLC</u>					
Da	ate of Acquisition (<i>if applicable</i>): 2/15/2018					
19. Es	stimated Cost of Exterior Improvements: \$\$7000					
20. To	otal Estimated Capital Investment: \$\$60000					
21. Pr	roposed Improvements: (select all that apply) 🛛 Interior Renovations/Buildout 🗖 Roofing					
] Building Expansion 🛛 Lighting/Electical 🗂 Storefront/Façade 🗂 Windows/Doors 🖾 Signage					
	Awning/Canopy 🗖 Landscape/Irrigation 🗖 Exterior Painting 🗖 Parking					
	Other (please specify):					

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.

M. Mehta	6/11/18	
Applicant's Signature	Date	
Manish Mehta	Partner	
Printed Name	Title	

FOR OFFICE USE ONLY					
Received By:			_ Date:		
Co	mplete 🗖 In	complete	Packet Attached		