

FUNDING ASSISTANCE APPLICATION FORM

Compar	ny Information	Date of Application: 7/74/18
	siness Name: Robes Law	Group, Plic
2. We	bsite: NNN. Robesc	aw Group. com
3. Yea	er Established: 2018	
4. Leg	al Structure: Corporation LLC	☐ Partnership ☐ Sole Proprietorship ☐ Nonprofit
5. Doo	es the company have a valid M/WBE cer N #: $82 - 9673639$	
7. 6-D	Pigit NAICS Code:	(refer to attached NAICS Code List)
8. Is t		NE 5th Ave Sult A ay Beh FC 33483
		on: Since March $S, 2018$ sed Owned se expiration date: $OZ/Z8/zoz1$
9. Cui	rrent Number of Employees:	
10. An	a. Number of employees that are Delr codes):	ay Beach residents (residing in 33444, 33445 or 33483 zip
11. Na 12. Em	Information me/Title: What me/Title: Mahovey a Rob Uncentives\CRA\Master Funding Assistance Application For	7. 1

13. Mailing Address:	NE Son Ave Suite H
Dela	20y Bch FL 33483
14. Business Phone: (56/)	590-5700 / FAX 590-5701
15. Cell Phone: (56/)	876-5566
Project Information	
14. Funding Requested: (please selec	ct all that apply)
☐ Rent Subsidy	☐ Historic Façade Easement
Paint-Up & Signage	☐ Site Development Assistance
15. Project Address:	NF 5th Ave Suite A
DelRo	ng Bah FL 33483
√ 16. Square Feet of Project Location:	11250 6 01
17. Type of space: Office	Retail
☐ Other (please specifiy):	
18. Do you lease or own the project	location? Decation? Decation? Own
Dates of Lease Term: $\frac{7-3-18}{}$	to 2-28-2021 Annual Rental Rate: \$ 64,240.44
(if applicable)	
Property Owner (as recorded on	warranty deed): TRuham Office (CC
Date of Acquisition (if applicable):	
	vements: \$ Please See Signage estimate
	ent: \$ 15,347.18
21. Proposed Improvements: (select	all that apply)
☐ Building Expansion ☐ Lighting	ng/Electical 🗖 Storefront/Façade 🗖 Windows/Doors 🗖 Signage
☐ Awning/Canopy ☐ Landsca	pe/Irrigation
☐ 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.

	7/20/18
Applicant's Signature	Date
Ryan Mahartez Printed Name	Gerations Magn.

	FOR OFFICE USE	ONLY	
Received By:	Date:		
☐ Complete	☐ Incomplete	☐ Packet Attached	