



DELRAY BEACH CRA
COMMUNITY REDEVELOPMENT AGENCY

FUNDING ASSISTANCE APPLICATION FORM

Company Information

Date of Application: February 6, 2020

1. Business Name: Advanced Chiropractic of South FL / Healthy Weight Solutions
2. Website: <http://www.healthyweightsolutions.org/>
3. Year Established: 2004
4. Legal Structure: Corporation LLC Partnership Sole Proprietorship Nonprofit
5. Does the company have a valid M/WBE certification? Yes no
6. FEIN #: 54-2103465
7. 6-Digit NAICS Code: 621310 (refer to attached NAICS Code List)
8. Is the business currently operating? Yes No
 - a. If yes, current address: 104 SW 11th Ave., Delray Beach FL 33444
 - b. Length of time at the current location: Under one month
 - c. The current location is: Leased Owned
 - i. If leased, please provide lease expiration date: _____
9. Current Number of Employees: 2
 - a. Number of employees that are Delray Beach residents (residing in 33444, 33445 or 33483 zip codes): 1
10. Anticipated New Jobs to Be Created: 2

Contact Information

11. Name/Title: Louis Miller DC

12. Email: Lmiller7538@gmail.com

13. Mailing Address: 5063 10th Ave. N., Greenacres FL 33463

14. Business Phone: (561) 432-1399

15. Cell Phone: (561) 213-5058

Project Information

14. Funding Requested: (please select all that apply)

Rent Subsidy

Historic Façade Easement

Paint-Up & Signage

Site Development Assistance

15. Project Address: 104 SW 11th Ave., Delray Beach FL 33444

16. Square Feet of Project Location: 2479

17. Type of space: Office Retail Restaurant Industrial/Flex

Other (please specify): _____

18. Do you lease or own the project location? Lease Own

Dates of Lease Term: _____ Annual Rental Rate: \$ _____
(if applicable)

Property Owner (as recorded on warranty deed): GLM 19 LLC

Date of Acquisition (if applicable): December 2019

19. Estimated Cost of Exterior Improvements: \$ _____

20. Total Estimated Capital Investment: \$ _____

21. Proposed Improvements: (select all that apply) Interior Renovations/Buildout Roofing

Building Expansion Lighting/Electrical Storefront/Façade Windows/Doors

Signage

Awning/Canopy Landscape/Irrigation Exterior Painting Parking

Other (please specify): Flooring, Fumigation

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.



February 6, 2020

Applicant's Signature

Date

Louis Miller

Owner/Operator

Printed Name

Title

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Complete Incomplete Packet Attached