



**DELRAY BEACH** CRA  
COMMUNITY REDEVELOPMENT AGENCY

## Project Consultancy + Design Services Application

### Applicant Information

Date of Application: \_\_\_\_\_

1. Name/Title: Barry Silverman, President, chief Alpha officer
2. Business Name: Bears Food Shack
3. Mailing Address: 305 2nd AVE NE  
DeLray Beach FL 33444
4. Email: Bear@bearsdelray.com
5. Business Phone: (561) 702 7616 6. Cell Phone: (561) 702 7616

### Commercial Property and Project Information

7. Assistance Requested: ☐ Project Feasibility Consult ☐ Project Design Services
8. Property/Project Address: 540 W. Atlantic AVE  
DeLray Beach FL 33444
9. Type of Property:  
☐ Office ☒ Commercial ☐ Industrial/Flex ☐ Mixed-Use ☐ Other: \_\_\_\_\_
10. Type of Project:  
☐ Interior Build-out ☐ Exterior Improvement ☐ Both Interior & Exterior ☐ Building Expansion
11. Total Project Sq. Ft.: \_\_\_\_\_
12. Do you lease this property currently? ☒ Yes ☐ No 13. Do you own this property? ☐ Yes ☐ No
14. Total Estimated Project Costs: \$ \_\_\_\_\_
15. Describe the Proposed Business Use and Activity for the Project: Fast Casual  
Restaurant, no change in use
16. Provide a brief overview of the proposed project concept and design needs: To enhance  
outdoor seating options for guests and add to the  
"welcome to Delray" starting in West Delray.

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

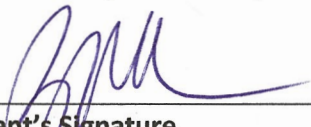
*I, the undersigned, being a principal of the business applying for Project Consultancy and/or Project Design Services assistance from the Delray Beach Community Redevelopment Agency, hereby certify that the business represented herein is a legally operating business and is or will be in the City of Delray Beach Community Redevelopment Area's high priority areas (CRA Sub-Areas #3, #4, #7 and #8).*

*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 assistance under any assistance program.*

*I understand that any proposed improvement project as represented in this application must receive CRA administrative or board approval before any design services begin 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.*

	<u>7/20/20</u>
Applicant's Signature	Date
<u>Barry Silverman</u>	<u>Chief Aloha Officer</u>
Printed Name	Title

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

AJ  
2/4/2021