

EXHIBIT E - APPLICATION FORM



**DELRAY BEACH** CRA  
COMMUNITY REDEVELOPMENT AGENCY

# FUNDING ASSISTANCE APPLICATION FORM

Date of Application 02/18/2021

## COMPANY INFORMATION

1. Business Name	Glavidia Hair Studios LLC		
2. Website	www.glavidiaalexis@yahoo.com		
3. Year Established	11/26/12	4. Legal Structure	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sole Proprietorship
5. FEIN #	<u>27-2458008</u>	6. 6-Digit NAICS Code	<u>81212</u> Does the company have a valid M/WBE certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Is business currently operating?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current location is:	<input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned
<i>If currently operating...</i>			
Current address: <u>119 NE 2nd Ave Delray Beach Fl 33444</u>			
Length of time at current location	<u>Less than 30 days</u>	If leased, provide lease expiration date	<u>January 2025</u>
8. Current Number of Employees	FT: <u>2</u>	PT: <u>0</u>	1099: <u>1</u>
Total number of employees who are Delray Beach residents (residing in zip codes: 33444, 33445, 33483):			<u>0</u>
9. Anticipated New Jobs to Be Created	FT: <u>1</u>	PT: <u>1</u>	TOTAL: <u>2</u>

## CONTACT INFORMATION

10. Name & Title:	Glavidia Alexis Owner
11. Email	glavidiaalexis@yahoo.com
12. Mailing Address	119 North east 2nd ave
13. Business Phone	561 265 5127
14. Cell Phone	561 414 7483

PROJECT INFORMATION			
15. Funding Program Requested	<input checked="" type="checkbox"/> Community Sponsorship Grant <input type="checkbox"/> Historic Façade Improvement <input checked="" type="checkbox"/> Paint-Up & Signage <input checked="" type="checkbox"/> Project Consultancy & Design (Project Feasibility Consult) <input checked="" type="checkbox"/> Project Consultancy & Design (Project Design Services) <input checked="" type="checkbox"/> Rent Subsidy <input checked="" type="checkbox"/> Site Development Assistance		
16. Project Address	119 NE 2nd AVE Delray Beach FL,33444	17. Square Feet of Project Location	969sf
18. Type of space	<input type="checkbox"/> Office <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Personal Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Industrial/Flex <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other: _____		
19. Do you lease or own the project location?	<input checked="" type="checkbox"/> Lease <input type="checkbox"/> Own	Dates of Lease Term: February 1 2021- January 31, 2024	Annual Rental Rate: \$ 2998.48
Property Owner (as recorded on warranty deed): MG Florida Reality LLC			
Date of Acquisition (if applicable): 02/01/2021			
20. Total Estimated Project Cost	Entire Project: \$ 33,794.10	Interior: \$ 22,801.00	Exterior: \$ 7,993.10
21. Total Capital Investment	\$ 30,794.10		
22. Proposed Improvements: (select all that apply)	<input type="checkbox"/> Building Expansion <input checked="" type="checkbox"/> Lighting/Electrical <input checked="" type="checkbox"/> Storefront/Façade <input checked="" type="checkbox"/> Windows/Doors <input checked="" type="checkbox"/> Signage <input type="checkbox"/> Awning/Canopy <input type="checkbox"/> Landscape/Irrigation <input type="checkbox"/> Exterior Painting <input type="checkbox"/> Parking <input type="checkbox"/> Other (please specify): _____		
23. Business Overview: describe the business use and activity: Glavidia Hair studios is a full service salon that offers personal hair care services, facials, wax, hair extensions application, lash extensions, nail services, makeup application, custom fashion design clothing. We also sell hair care products, facial after care essentials, hair extensions, fashion clothing, makeup, and hair accesories.			
24. Project Description: provide a brief overview of the proposed project concept and design needs: The salon design needs are to add lighting fixtures, crown moldings, wall storage fixtures, interor painting, sinage, interior plumbing, exterior singnage,interior design permitting,& plumbing machanical engineering, improvements and fees, interior toilet, hot water heater, salon sink cabinets, countertop,interior permanent fixtures, HVAC, interior & exterior lighting fixtures and related electrical work.			

## 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 before 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.*

	02/08/2021
<b>Applicant's Signature</b>	<b>Date</b>
Glavidia Alexis	Owner
<b>Printed Name</b>	<b>Title</b>

FOR OFFICE USE ONLY		
RECEIVED BY:	DATE	
<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	<input type="checkbox"/> PACKET ATTACHED