



CRA
COMMUNITY
REDEVELOPMENT
AGENCY

REDEVELOP • REVITALIZE • RESTORE • LAKE WALES

CRA GRANT APPLICATION

FOOD RELATED

SECTION 1

APPLICANT INFORMATION

Applicant Name: _____

Business Name (If applicable): _____

Mailing Address: _____

Phone: Email Address: _____

Project Address: _____

Project Budget: \$ _____ Requested Grant Amount: \$ _____

Lease Term (If applicable): _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Phone: _____ Email Address: _____

SECTION 2

PROJECT DESCRIPTION

Building's existing use(s): _____

Building's new use(s): _____

General description of proposed improvements:

- | | | |
|--|---|--|
| <input type="checkbox"/> Electrical/ Plumbing upgrades | <input type="checkbox"/> Venting systems | <input type="checkbox"/> Mechanical, Electrical and Plumbing engineering services (not to exceed 20% of the grant total) |
| <input type="checkbox"/> Installation of attached fixtures | <input type="checkbox"/> Sprinkler systems | <input type="checkbox"/> Monitoring man-hole system installation |
| <input type="checkbox"/> Grease traps | <input type="checkbox"/> Solid Waste and recycling management | |
| <input type="checkbox"/> Utility connections | | |

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

SECTION 3

BUSINESS INFORMATION

What is the expected opening date? _____

What type of food related business is being proposed? _____

What will be the business' hours of operation? _____

Is the proposed business a franchise? No Yes if so, what? _____

Will entertainment be offered? No Yes _____

Will there be outdoor seating at this establishment? No Yes

What is the proposed seating capacity of the restaurant, if applicable? _____

Is this the business' 1st location, 2nd location or a relocation? _____

SECTION 4

REQUIRED DOCUMENTATION

A completed and signed application

Notarized letter from property owner

Food-related service resume(s)

Conceptual business plan

Proposed site plan

Project Schedule

Three (3) cost estimates

All the above documentation must be submitted as one complete packet

SECTION 5

SIGNATURE

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

SECTION 6

FOR STAFF USE ONLY

Date of initial contact: _____ Electronic submission In person

Staff representative: _____

Design Professional: _____

Pre Application Meeting Post Application Meeting

Three estimates submitted? Yes No

Taxes current? Yes No

Parcel Identification Number: _____

Staff Decision: Approved Denied Board Appealed