



CITY OF LAKE WALES CRA 2025 BUSINESS INCENTIVE PROGRAM APPLICATION

This application, along with all required documentation should be submitted to:
Onya Bates, CRA Coordinator
City of Lake Wales
201 Central Ave.
Lake Wales, Florida 33853

Office Use
Application No. _____

This program is designed to assist commercial property owners with façade improvements through a reimbursable grant of up to \$50,000/\$100,000. No work should commence until final approval is completed and a Notice to Proceed is issued.

This application and all attachments to it constitute public records.

I. **APPLICANT/BUSINESS NAME**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

II. **PROPERTY OWNER/BUSINESS OWNER** (If same as applicant, go to Section III)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

Telephone: _____

E-Mail: _____

III. **PROPOSED PROJECT**

A. Is the project within the CRA project area of the City of Lake Wales? Yes ___ No ___

B. Project General Description – Please provide the following:

- Location/address: _____
- Current Site Condition: Vacant Lot _____ Some Infrastructure (no structures) _____ Existing Structures _____
- Current Assessed Value: \$ _____ Year Assessed: _____



V. **REQUIRED DOCUMENTATION (must be included with application)**

- A. Photos of project site and/or building(s).
- B. Copy of Zoning Verification Letter from Lake Wales Permitting Department.
- C. Current survey with description of proposed project.
- D. If property is not owned by developer a notarized statement giving consent must be provided by the property owner.
- E. Copy of proposed budget and proof of capital to cover proposed expenditures for project.
- F. Proposed development plans including site/floor plans indicating square footage, layout, renderings and/or elevations.
- G. Description of parking needed for proposed project.

ANY COST FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL CONSTRUCTION UNTIL AFTER FINAL APPROVAL BY THE CITY/CRA, AND ATTAINING THE PROPER BUILDING PERMITS, AND COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.

Application funding shall be in accordance with the established City *Land Development Codes* and the approved *Development Design Guidelines* for the City.



VI. **ADDITIONAL QUESTIONS**

A. In the past 10 years, has (1) the applicant, or any of its subsidiaries, (2) any principal executive officer or (3) any entity that any principal executive officer of the applicant or the ownership group controls or controlled been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any felony or misdemeanor involving fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery or a conspiracy to commit any of these offenses?

YES _____ NO _____

*If yes, please provide an explanation of event below:

B. Is (1) the applicant, or (2) any principal executive officer or (3) any entity that any principal executive officer of the applicant or the ownership group controls or controlled (a) the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction or (b) subject to any unsatisfied tax liens in Florida or judgment liens in any jurisdiction in the U.S.?

YES _____ NO _____

*If yes, please provide an explanation of event below:

C. In the past 5 years, has (1) the applicant, (2) any principal executive officer of the applicant or the ownership group or (3) any entity that any principal executive officer of the applicant or the ownership group controls or controlled (a) been named as a DEFENDANT in any civil litigation or arbitration in any jurisdiction, (b) had an application for license, or a license or its equivalent, to practice any profession or occupation denied, suspended or revoked in any jurisdiction, or (c) has been subject to a bankruptcy or insolvency petition in any jurisdiction?

YES _____ NO _____

*If yes, please provide an explanation of events below:



VII. **CERTIFICATION**

Applicant hereby certifies under penalty of perjury, that all information provided is complete, current, accurate and truthful.

Signature

Date

Print

Signature

Date

Print

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____
by _____ who is personally known to me or
has produced _____ as identification and who did (did
not) take an oath.

Notary Public

My Commission expires:

Notary *Signature*

Print