



BUSINESS ASSISTANCE PROGRAM

APPLICATION CHECKLIST

All items on the checklist are required to submit your application. Incomplete applications cannot be accepted.

_____ **Original Application** (General Information, Business Information, Project Information, Applicant/Property Signature page)

_____ **Copy of Business Tax Receipt (Existing Businesses only)**

New Businesses will be required to submit a copy of a City of Orlando Business Tax Receipt within 90 days of agreement execution. A copy of your Florida Department of Business and Professional Regulation license may also be required.

_____ **Copy of Lease Agreement**

_____ **Estimate of Construction Costs**

_____ **City of Orlando Development Fee Schedule (if applicable)**

_____ **Estimate of Public Right of Way Infrastructure Improvements (if applicable)**

_____ **City of Orlando Building Permit Number** _____

ECONOMIC DEVELOPMENT DEPARTMENT

CITY HALL ● 400 SOUTH ORANGE AVENUE ● SIXTH FLOOR ● P.O. BOX 4990 ● ORLANDO, FLORIDA 32802-4990
PHONE 407.246.2821 ● orlando.gov/businessdevelopment

BUSINESS ASSISTANCE PROGRAM APPLICATION

APPLICANT:

Name: _____

Business Name: _____

Business Mailing Address: _____

Phone number: _____ Fax Number: _____

Email: _____

Business Location (Existing/Future):

Address: _____

Parcel ID Number(s): _____

City Zoning: _____

City Commission District: _____

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THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO OBTAINING A FINAL INSPECTION FROM THE CITY OF ORLANDO

BUSINESS INFORMATION

Business Name- [as filed with State]: _____
**Must attach State of Florida incorporation documentation (Fictitious Name, incorporation documents, etc.)*

Business Address: _____

Type of Business: _____

SIC Code(s): _____

Federal Tax I.D. Number: _____

Business Entity: _____ Proprietorship _____ Partnership
 _____ Limited Liability Corporation _____ Corporation
 _____ Other: _____

If business is a corporation:

City and State of incorporation: _____

Date incorporated: _____

If a subsidiary, name of parent company: _____

Publicly Traded: _____

JOBS

of Existing Jobs: _____ Part-Time _____ Full -Time

of Proposed Jobs: _____ Part-Time _____ Full-Time

Average Wage (actual or proposed, excluding benefits): _____

Average Annual sales/Gross receipts (actual or estimated): _____

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Estimated Impact Fees Due to City: _____
**Must attach City of Orlando Development Fee List*

Estimated Public Right of Way Infrastructure Costs: _____
**Must attach Public Right of Way Infrastructure cost estimate*

Assistance Seeking from City: ____ Impact Fees ____ Public Right of Way Infrastructure

Total Estimated Assistance Amount Seeking from the City:

Impact Fees: _____

Pubic Right of Way Infrastructure: _____

Total Program Funding Request: _____ (maximum = \$20,000)

Do you own or have interest in any other real estate in Orange County? _____

If yes, please list addresses: _____

Have you received any funding assistance from the City of Orlando to date? _____

If yes, please provide program name(s), dates and amounts awarded: _____

APPLICATION SIGNATURE

The Applicant, _____, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by City of Orlando Economic Development Staff and the Orlando City Council is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. In addition, you may be subject to prosecution under Orlando City Code Section 43.16, False Information. The Economic Development Department maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Business Assistance Program, the Applicant agrees that it will enter into a Funding Agreement with the City of Orlando with terms relating to, among other things, the City's right to receive re-payment of program funds, the City's right to review and audit any and all records related to the Agreement. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds.

By signing below, the Applicant authorizes the City of Orlando to request criminal background checks from local, state, and federal agencies. Please note that a criminal background check is conducted on every applicant and that review of this application is contingent upon satisfactory completion of a criminal background check.

By signing below, the Applicant/Property Owner acknowledges that they have read and agree to the Business Assistance Program policies, procedures, and conditions.

Applicant Signature: _____ **Date:** _____

Property Owner Signature: _____ **Date:** _____

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