



Retail Stimulus Program

APPLICATION CHECKLIST

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

_____ Application

_____ Application Signatures

_____ ATTACHMENTS:

A. _____ Letter of Intent identifying the lease terms

B. _____ Business Plan - Must include the following information, at a minimum:

_____ Major Brands and Services

_____ Photos and/or Renderings of Décor and Merchandising

_____ Market Opportunity

_____ Target Customer /Demographic

_____ Competitive Analysis

_____ Marketing Strategy

_____ Financial Plan – Five Years Operating Budget

_____ Growth Plan

C. _____ Business entity documentation – Incorporation documents, City of Orlando Business Tax Receipt, Orange County Business Tax Receipt, PLUS others as required by the State of Florida or state of incorporation)

D. _____ Resumes or CV's for the managing principals

E. _____ Tax returns for last two years for the business OR the principal/owner

F. _____ References – Three to five references and contact information for the business OR the principal/owner



Retail Stimulus Program

APPLICATION

Tenant/Business Contact Information:

Tenant Contact Name: _____

Tenant Contact Title: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Tenant Corporate Information:

Corporation Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Corporation Officers & Titles: _____

Date and State of Incorporation: _____

FEIN ID: _____

List Other Locations (if applicable): _____

Downtown Location:

Store/Location Address: _____

Targeted Opening Date: _____

Hours of Operation: _____

Build-out Estimated Time: _____

Build-out Estimated Cost: _____

List General Scope of Work: _____

Leasing/Property Contact Information:

Contact Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Property Information:

Property Owner: _____

Store Location Address: _____

Parcel ID: _____

Year Built: _____

Rent per Square Foot: _____

Length of Lease: _____

Terms: _____

Build-out Financial Allowance: YES NO \$ _____

Build-out Time Allowance: YES NO _____ Months

Last Occupancy Date: _____

Last Occupant/Business: _____

Type of Business: _____



APPLICATION SIGNATURES

As a business seeking to open a new location in this community, I wish to participate in the Downtown Orlando Retail Stimulus Program. I understand that submitting this application does not guarantee or imply approval of this application and that all applications are reviewed by the Community Redevelopment Agency Advisory Board and the Community Redevelopment Agency for possible approval. The Community Redevelopment Agency has sole discretion regarding approval. I acknowledge that I have received a copy of the Retail Stimulus Program Guidelines and will comply with all requirements should I be awarded financial assistance.

Please note: 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.

Applicant Signature: _____ **Date:** _____

For Tenant/Business Name: _____

I acknowledge that _____ is seeking assistance through the Downtown Orlando Retail Stimulus Program and that the general terms of their lease conform to the terms of the Program and the attached Letter of Intent. Should the Applicant be awarded financial assistance through this Program, I understand that the funds will be used to make improvements to my property.

Please note: 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.

Agent's Signature: _____ **Date:** _____

For Property Owner: _____