

THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO THE COMMENCEMENT OF ANY WORKS OR BEFORE MEMBERS' MEETING UNDER THE PROGRAM



CITY OF ORLANDO

Economic Development Department

SMALL BUSINESS FACADE PROGRAM APPLICATION

Subject Property Information:

Project Address: 213 Clear Lake Way
Orlando, FL 32805

Parcel ID Number(s): 27-22-29-8684-00-060

City Zoning: I-G/T/PH

City Commission District: District 5 — Regina Hill

APPLICANT:

Name: Michele & Regulo Bosch

Business Name (as filed with State of FL) Foodie Catering, Inc.

Business Mailing Address: 307 N. Orange Blossom Trail, Orlando 32805

Phone number: 407-704-6908 Fax Number: _____

Email: michelebosch@foodiecatering.com

Property Owner (if different than Applicant):

Name: Gillette-Bosch Properties, LLC

Mailing Address: 307 N. Orange Blossom Trail, Orlando 32805

Phone number: 321-217-5417 Fax Number: _____

Email: michelebosch@foodiecatering.com

City of Orlando Economic Development Department ◊ 400 South Orange Avenue, 6th Floor
Orlando, FL 32801 ◊ (407) 246-2821
www.cityoforlando.net/economic

THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT, OFFICE OF THE COMMISSIONER OF NEW WORK SOURCES TO BE CONSIDERED UNDER THE PROGRAM.

PROJECT DESCRIPTION

Painting of the exterior of the building

Security fence along the side and front of the building

Foodie Catering sign on the front of the building

Total Project Cost:	\$ <u>\$12,180.91</u>
Applicant's Funding	\$ <u>\$6,180.91</u>
Total Program Funding Requested	\$ <u>\$6,000.00</u>

Have you received any funding assistance from the City of Orlando to date? \$3,161.11
If yes, please provide descriptions and amounts received: For the BAP Program

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APPLICATION SIGNATURE

The Applicant, Michele Bosch, 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, the Façade Grant Review Committee, 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 Small Business Façade 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, and the City's payment of program funds only upon completion of the project as approved. 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 Small Business Façade Program policies, procedures, and conditions.

Applicant Signature: Michele Bosch Date: 5/24/14

Property Owner Signature: Michele Bosch Date: 5/24/14

THIS AFFIDAVIT MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO THE COMMENCEMENT OF ANY WORK SOLELY TO BE REIMBURSED UNDER THE PROGRAM

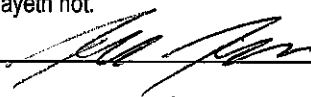
EXHIBIT B - OWNER'S AFFIDAVIT OF CONSENT
STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned authority, this day personally appeared

Who, duly sworn, upon oath, deposes and says:

1. That he is the duly authorized representative of owner requesting approval of façade grant for the property described below.
2. That all owners that he represents have given their full and complete permission for him to act in their behalf for the above stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses and legal descriptions for the real property, of which he is the owner or representative.
4. That I acknowledge the applicant's request for funding to make alterations to the property and understand that recommendations may be made by the City's Appearance Review Board, Board of Zoning Adjustment and, when appropriate, Historic Preservation Board, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature 

PROPERTY DESCRIPTION

PROPERTY ADDRESS

Sworn to and Subscribed before me

this 18 day of June 2016

Notary Public, State of Florida at Large
My Commission Expires: 3/23/19

