

THIS APPLICATION MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT DEPARTMENT
AND APPROVED BY THE ORLANDO CITY COUNCIL PRIOR TO THE COMMENCEMENT OF ANY
WORK SOUGHT TO BE REIMBURSED UNDER THE PROGRAM

SMALL BUSINESS FACADE, SITE IMPROVEMENT AND ADAPTIVE REUSE PROGRAM APPLICATION

APPLICANT INFORMATION:

Applicant: X _____ Property Owner
Business Owner Property Owner(s): Susan Buttery - Darland Bakery
Project Address: 2413 E South St
Business Owner: Susan Buttery
Business Name (as filed with State of FL): JB SM corp dba Juice Bar
Business Mailing Address: 3216 Renlee Pl Orlando, FL 32803
Phone number: 407-399-5118
Email: stayjuicyorlando@gmail.com Fax Number: _____

PROPERTY INFORMATION:

City Commission District: 4
Parcel ID Number: 30-22-30-7640-02-070
City Zoning: 1105-Retail
Multi-tenant Building: X Yes _____ No

BUSINESS OWNER APPLICANTS ONLY

Number of existing/proposed new employees: _____ Existing _____ New _____

Annual sales/Gross receipts (actual or proposed): _____

ECONOMIC DEVELOPMENT DEPARTMENT ●

CITY HALL ● 400 SOUTH ORANGE AVENUE ● SIXTH FLOOR ● P.O. BOX 4990 ● ORLANDO, FLORIDA 32802-4990
PHONE 407.246.2821 ● <http://www.cityoforlando.net/business-development>

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PROJECT DESCRIPTION (A minimum of 3 different items must be proposed)

Replacing window on west side of building
Replacing front Door & Windows - getting slide windows
Mural Painted on West wall between
Juice Bar and Orlando Power Yoga.
Painting Trim around front door

1. Façade Improvement Costs	\$ <u>6503-7807</u>	Maximum funding for Façade & Site Improvements = \$20,000
2. Life Safety Improvement Costs	\$ _____	Maximum funding for Life Safety & MEP Improvements = \$40,000 (<u>Business Owner applicants only</u>)
3. Mechanical/Electrical/Plumbing Costs	\$ _____	
4. Total Project Cost	\$ _____	Maximum funding for Multi-Tenant Building Façade & Site Improvements = \$40,000
5. Total Program Funding Requested	\$ _____	
6. Applicant's Funding	\$ _____	Maximum funding for combination of Façade, Site Improvements & Life Safety & MEP Improvements = \$50,000

Have you received any funding assistance from the City of Orlando to-date? No

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

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APPLICATION SIGNATURE

The Applicant, Susan Buttery, 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 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, Site Improvement and Adaptive Reuse 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 repayment 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: S Buttery Date: 6/30/20

Property Owner Signature: _____ Date: _____

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**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

[Handwritten signature: As agent for owner]

PROPERTY DESCRIPTION

Retail-Multi Tenant

PROPERTY ADDRESS

2417 E. South Street

Orlando, FL 32803

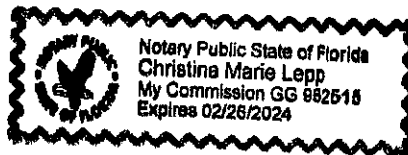
Sworn to and Subscribed before me

this 22nd day of June 20 20

Notary Public, State of Florida at Large

My Commission Expires:

2/26/2024



C. Lepp

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