Clearwater Downtown Development Board

600 Cleveland Street, 6th Floor Clearwater, Florida 33755 Telephone: (727) 562-4039

myclearwater.com

APPLICATION FOR OUTDOOR CAFÉ GRANT

Application Must Be Submitted in Person [Do Not Mail]

SECTION ONE - GENERAL INFORMATION

Applicant Information:				
Name:				
Address:				
Phone:	Fax:	Ema	il:	
Outdoor Café Business Inform	nation:			
Business Name:				
Applicant Information:				
Name:				
Address:				. — — —
Phone:	Fax:	Ema	il:	
Description.				
		- FURNITURE INFORI	MATION	
# Tables:	Vendor:		Reference #	
# Chairs:	Vendor:		Reference #	
# Umbrellas:	Vendor:		Reference #	
Other (Describe):				
Υ Attach cut sheets indicatin	g furniture dimen	sions, color, materials	s, etc.	
Υ Attach approved outdoor o	afé site plan.			
Total Furniture Cost: \$	Cost: \$ Requested Grant Amount: \$			
Anticipated Installation Date:				
Applicant Signature:				

FOR STAFF USE ONLY **Checklist for Application Completeness:** Υ Information has been provided for all fields in the grant application. Y Existing or proposed outdoor café is located within the Downtown Core District. Υ Approved site plan for outdoor café has been provided. Υ Furniture cut sheets have been provided. **Authorized CRA Representative:** Date: Checklist for Grant Award Eligibility: Υ Applicant's business tax receipt (BTR) is current. Υ State and local code and licensing requirements for the outdoor café business have been met. Υ Proof of Outdoor Café Permit has been submitted. Υ Proof of purchase for specified furnishings has been submitted. Y Outdoor café has been inspected and determined to be consistent with submitted grant application. Υ Grant agreement between the applicant and CRA Director has been executed. **Authorized CRA Representative:** Date: