



Commercial Redevelopment Landscaping Grant Application

BUSINESS INFORMATION:

Business Name (d/b/a if applicable) _____

Business Physical Address: _____

Mailing Address: _____

Principal/Owner Name: _____

Fed ID#: _____

Business Phone Number: _____ Cell: _____

E-mail: _____

Existing Business: Yes _____ No _____ Number of years in existence: _____

Time at Current Location: _____ Current Business Tax Receipts: Yes ___ No ___

Do you own the property or have a lease agreement: Own ___ Lease ___ If lease, what are the lease terms:

What are the proposed exterior property redevelopment improvements (value may not be less than 20% of requested grant amount.)

Total acres of property: _____ Type of Business: _____

Number of Employees: _____ Days/Hours of Operation: _____

List of Florida Friendly Plants seeking reimbursement seeking reimbursement for: _____

Owner Paid Parking Lot Improvements: Y ___ N ___

Landscape Company: _____ Phone: _____

Requested grant amount: \$ _____

Printed Name: _____ Signature: _____

OFFICE OF ECONOMIC GROWTH