



DEPARTMENT OF SUSTAINABLE DEVELOPMENT
Commercial Rent Subsidy Application

RECEIVED

JUL 11 2017

BUSINESS NAME: DOCTOR BENJI'S BARBER SHOP PLACE
BUSINESS LOCATION: 4915 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063
BUSINESS LEGAL ENTITY TYPE (CHECK ONE):
Individual: ☐ Sole Proprietorship: ☒ Partnership: ☐ Corporation: ☐ Other: ☐
FEDERAL TAX ID# (IF APPLICABLE): 82-1418879

APPLICANT NAME: BENJAMIN MALISKER PHONE NO. 954-277-1913 FAX NO.
ADDRESS: 4915 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063
E-MAIL ADDRESS: thedoctorbenji1@gmail.com
NOTE: ATTACH COPY OF AGENT LETTER
PROPERTY OWNER'S NAME BRIXMORE GROUP PHONE NO. 305-944-7132
ADDRESS: 9101 INTERNATIONAL DRIVE, STE 1120 ORLANDO, FL 32819
E-MAIL ADDRESS: BRIXMORCO1@AOL.COM

DESCRIBE IN DETAIL NATURE OF BUSINESS (INDICATE IF IT IS NEW OR EXISTING) AND SPACE TO BE LEASED
(attach additional sheet, if necessary)
New Business, New BARBER SHOP 1600 sq ft.
SEE diagram:
7 Open CHAIRS AVAILABLE FOR
NEW HIRE

MONTHLY RENT: \$2952.45 YEARLY RENT: \$35429.40 ☐ WITH UTILITIES ☒ WITHOUT UTILITIES
NUMBER OF EMPLOYEES: 1 FULL-TIME: 1 PART-TIME:
Is the business or any owner delinquent of any municipal taxes or fees? ☐ Yes ☒ No
Is the business or any owner delinquent in the payment of any income tax obligation? ☐ Yes ☒ No
Is the business or any owner delinquent in the payment of any loans or in default on any loans? ☐ Yes ☒ No
Are there currently any unsatisfied judgments against the business or any owner? ☐ Yes ☒ No
Has the business or any owner ever filed for bankruptcy? ☐ Yes ☒ No
If the answer to any of the above questions is "Yes," provide detailed comments on an additional sheet of paper.

APPLICANT CERTIFICATION: I have read this application, and I understand the Program Guidelines.
Applicant Signature: Benjamin Malisker Date: June 27, 2017

***PLEASE ENSURE APPLICATION IS COMPLETED IN ITS ENTIRETY PRIOR TO SUBMISSION.**
INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED*



SUBMITTAL REQUIREMENTS

Application submittals must include a completed and signed application and the following attachments. Incomplete submissions will not be considered.

1. Proof of ownership and owner's consent. Proof of ownership shall include the legal description of the property, property tax folio number, effective date of ownership of property, copy of Warranty Deed, copy of executed contract of sale and purchase, owner name and contact information. The applicant must provide an agent letter, notarized by the owner, authorizing the agent to represent the property owner at the time of submittal.

2. A copy of corporate documents.

3. A copy of all business tax receipts and applicable licenses.

4. A copy of executed lease agreement. The lease must include the following information:

- Square footage and specific location ✓ 2 PAGE 1
- Rate and deposit information ✓ 3 PAGE 28, PAGE 3, PAGE 23 ✓
- Terms of lease ✓ 4 36 MONTHS - PAGE 2
- Prior lease amendments NONE →
- Insurance requirements ✓ 5 PAGE 4
- Conditions of lease termination ✓ 6 PAGE 5 ✓
- Consequences of default on lease ✓ 7 PAGE 6 DEFAULT CONSEQUENCES

5. Business Plan, including three-year financial projections of revenues and expenses.

6. Resume of business owner.

7. Written Justification Statement demonstrating need for subsidy. ✓ 10 see diagram & ESTIMATES

8. For existing businesses, two years of financials and corporate tax returns and a list of all current employees, including job descriptions and pay range.

9. For new businesses, two years of tax returns for the owners and a list of jobs to be created, including job descriptions and pay range. ✓

10. Completed W-9 Form. ✓



GUIDELINES FOR COMMERCIAL RENT SUBSIDY PROJECTS:

The Commercial Rent Subsidy Program is designed to stabilize existing businesses, help facilitate the establishment of new businesses, and aid in the expansion of existing businesses during the first year of operation or during the first year of the expanded operation. Program guidelines for the Commercial Rent Subsidy Strategy will be as follows:

Eligibility Requirements

- The business location must be within one of the City's designated HPAs or MPAs, or be able to demonstrate a considerable need, to be considered eligible for Program funds.
- The business must hold required licenses for the City and Broward County or must obtain them within thirty (30) days of establishment.
- Applicant must have a new executed multi-year lease (two year minimum) or extend a current lease by two years.

Terms and Conditions

- Rent payment subsidy up to half of the business's monthly rent or \$2,200.00 (whichever is less).
- Assistance is available for up to twelve months with a maximum subsidy per business of \$26,400.00.
- Grant funds for monthly rent shall be in the form of a reimbursement upon verification that payment has been cleared by the bank. The City of Coconut Creek shall have no responsibility for payment of rent at any time.
- Business owners, or designee, must participate in quarterly status meetings with City staff.