

**CITY OF JACKSONVILLE**  
**MYRTLE-MONCRIEF-AVENUE B BUSINESS CORRIDOR IMPROVEMENT**  
**PROGRAM**  
**GRANT APPLICATION**

*Funding eligibility is subject to application evaluation and availability.*

*(Please type or print legibly.)*

**I. APPLICANT INFORMATION**

Property Owner

Business Owner

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

**II. BUSINESS INFORMATION**

Name \_\_\_\_\_ EIN# \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_

**TYPE OF LEGAL ENTITY:**

( ) Sole Proprietorship ( ) Partnership/Joint Venture ( ) Corporation ( ) Limited Liability Corporation

**STATE OF INCORPORATION** (if applicable) \_\_\_\_\_

**DATE BUSINESS/COMPANY ESTABLISHED** \_\_\_\_\_

**NUMBER OF YEARS IN BUSINESS** \_\_\_\_\_

**DESCRIBE ANY PROPERTY IMPROVEMENTS (INTERIOR OR EXTERIOR) MADE IN THE PAST TWO YEARS** (include costs): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Have you received any grant or loan funding assistance from the City of Jacksonville in the past five years?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please provide descriptions and amounts received:**

---

---

---

#### IV. SIGNATURES AND PUBLIC INFORMATION DISCLOSURE

Please read the following questions and statements below. Please sign the application form in order for it to be processed. If there are any questions, please call the Office of Economic Development at 255-5444. **If you answer “yes” to a question, then furnish details in the space below. An untruthful answer will cause your application to be denied.**

- 1) Is the exterior portion of the building you are seeking grant funding to make improvements facing the sidewalk or a public street? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) Do you presently have any outstanding taxes or fees owed to the City? If yes, please describe the nature of the taxes or fees owed, the year in which the taxes or fees became delinquent, the name in which the taxes or fees are owed, and the property or properties they were assessed against, as applicable. \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 3) Is the applicant/property owner, the property on which this project is located, or any other property owned by the applicant/property owner listed in this application subject to any outstanding or unresolved judgments, municipal/state/federal code citations, violations, liens or other compliance issues? If yes, please describe the nature of the outstanding issues, violations or citations and the efforts being undertaken to resolve them.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 4) Are you presently involved in active litigation with the City of Jacksonville? If yes, please explain.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 5) Do you have a current Business Tax Receipt (BTR) from the City of Jacksonville? If yes, please provide a copy.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_  
\_\_\_\_\_

**The undersigned warrants that the information contained in this application (and any supplemental information) is, to the best of my knowledge, true and correct. The undersigned further understands that the use of this information is only for consideration of a request of funds through the Moncrief/Myrtle Area Business Improvement Program. I acknowledge that I have received, read and will comply with the guidelines of this Program. The undersigned grants authorization to verify any answers contained herein.**

**If the Grant is approved, the undersigned warrants that they have the matching funds available to complete the project as envisioned in this application. The undersigned understands and agrees that all information furnished in connection with this application for a Moncrief/Myrtle Area Business Improvement Program grant involves the use of public funds and as such said information may be made public pursuant to the laws of the United States of America, the State of Florida, and/or the City of Jacksonville.**

Applicant/Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**OWNER’S AFFIDAVIT OF CONSENT**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Before me, the undersigned authority, this day personally appeared

\_\_\_\_\_

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

1. That I am the duly authorized representative of the owner requesting Moncrief/Myrtle Area Business Improvement Program grant funding for the property described below.
2. That all owners I represent have given their full and complete permission for me to act on their behalf for this application.
3. That the description set forth below is made a part of this application and contains the current names, mailing address(es), and legal description(s) for the real property that is the subject of this application for grant funding, of which I am the owner or duly authorized representative.
4. That I acknowledge this request for funding to make alterations to the below-described property and understand that recommendations may be made by City departments as appropriate, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature \_\_\_\_\_ Print/Type Name \_\_\_\_\_

Date: \_\_\_\_\_

**PROPERTY DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me or  has produced identification and who took an oath.  
Type of identification produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

[NOTARY SEAL]

\_\_\_\_\_  
Printed/Typed Name – Notary Public

My commission expires: \_\_\_\_\_