



# Phase I - 2016 SMALL BUSINESS GRANT APPLICATION

## **ABOUT YOUR BUSINESS:**

Business Name: Hyshe Consignment Boutique

Physical Address: 110 South US1 Ft Pierce Fl 34950

Mailing Address: 110 South US1 Ft Pierce Fl 34950

Website Address: \_\_\_\_\_

Contact Person: Geraldine Clark Title: owner

Best Contact Telephone Number # 772-979-2332

**Amount of Grant Requested: \$ 3000**

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Business Owner Signature: Geraldine Clark

Printed Name of Business Owner: Geraldine Clark

Owner Telephone Number: 772-979-2332 Email: hysheconsignment@gmail.com

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1. Please describe what would you like to purchase with the grant funds. Carpet  
Cash register, manivan, paint, staff, jewelry case, phone, Alarms  
racks

2. Please explain why you feel this purchase will help your business. Attract customer  
to make money, enhance appearance

### 3. The following items **MUST** be included with your grant application:

- a. A copy of a current City of Fort Pierce Business Tax Receipt for the Business Name listed above;
- b. A printout from Sunbiz.org that shows that your business is registered with the Florida Division of Corporations.
- c. Copies of "Certificates of Completion" from at least two (2) different Small Business Educational Workshops;
- d. At least ONE estimate for the item(s) you wish to purchase with a grant. You may include the costs associated with permitting in your estimate.  
**Please Note:** Your estimate MUST be provided on a contractor's letterhead, marked as "Estimate", or on a printout from internet website, catalog, etc.; and
- e. Written Permission from the Property Owner - if you are applying for funding to update signage, paint, or other improvements to a structure that you are renting for your business.

# Certificate of Completion

This Certificate is Presented to:

*Geraldine Clark*

(Attendee Name)

*Hy Size Boutique*

(Business Name)

*For Successfully Completing the Small Business Workshop Entitled*

**“Small Business Tax Issues”**

**November 18, 2015**

An economic development  
initiative funded by:



*Jodi Hassen*

SCORE Workshop Instructor

In collaboration with:



FOR THE LIFE OF YOUR BUSINESS

# Certificate of Completion

This Certificate is Presented to:

*Seralaine Clark*

(Attendee Name)

*Hydrex Boutique*

(Business Name)

*For Successfully Completing the Small Business Workshop Entitled*

“Small Business Financial Record Keeping”

*February*  
November 3, 2016

An economic development  
initiative funded by:



*[Signature]*  
SCORE Workshop Instructor

In collaboration with:

