

2015-2016 SMALL BUSINESS GRANT APPLICATION



ABOUT YOUR BUSINESS:

Business Name: Bob's Crab Spot

Physical Address: 1710 Avenue D

Mailing Address: 1807 Avenue D

Website Address: _____

Contact Person: Sharon Johns Title: Owner

Best Contact Telephone Number # 305-247-4808

Amount of Grant Requested: \$ 3000.00

Business Owner Signature: Sharon Johns

Printed Name of Business Owner: Bob's Crab Spot

Owner Telephone Number: 772-672-4543 Email: Bobscrabspot15@gmail.com

1. Please describe what would you like to purchase with the grant funds. _____

Crease Trap

2. Please explain why you feel this purchase will help your business. _____

Without a crease trap I cant open my business

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. Copies of "Certificates of Completion" from at least two (2) different Small Business Educational Workshops;
- c. 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
- d. 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:

Sharon Robinson

(Attendee Name)

Ba's Crab Spot

(Business Name)

For Successfully Completing the Small Business Workshop Entitled
“Small Business Tax Issues”

November 18, 2015

An economic development
initiative funded by:



TOM HOSSLER
SCORE Workshop Instructor

In collaboration with:

SCORE
FOR THE LIFE OF YOUR BUSINESS

TM

Certificate of Completion

This Certificate is Presented to:

Sharon Robinson

(Attendee Name)

Be's Crab Spot

(Business Name)

For Successfully Completing the Small Business Workshop Entitled

“Small Business Financial Record Keeping”

Planning
November 3, 2016

An economic development
initiative funded by:



SCORE Workshop Instructor

In collaboration with:



FOR THE LIFE OF YOUR BUSINESS

CITY OF FORT PIERCE BUSINESS TAX RECEIPT

2015 -- 2016

No. 16-00027957

100 N. U.S. # 1 - Fort Pierce, FL - 34950
772-467-3000

BUSINESS NAME BO'S CRAB SPOT ROBINSON, SHARON
MAILING ADDRESS 1807 AVENUE D FT PIERCE FL 34950
LOCATION 1807 AVENUE D PHONE 747-4808
PRINCIPAL

may hereby engage in the following business, profession or occupation.

CLASSIFICATION: 042B CAFE/RESTAURANT-11-25 SEATS
SEAFOOD RESTAURANT
15 SEATS

IN THE CITY OF FORT PIERCE, FLA. FOR THE PERIOD BEGINNING ON THE 1ST DAY OF OCTOBER AND ENDING SEPTEMBER 30.

ISSUED ~~SEPTEMBER 10~~ 2015

This Receipt becomes null and void if business name, classification, ownership or address is changed.

I understand and agree that issuance of a Business Tax Receipt **does not** allow occupancy, nor exempt the possessor from compliance with any City Code or Ordinance. Receipt may be revoked in accordance with Section 9-29.

Linda W Cox (SEAL)
CITY CLERK
TAX AMOUNT \$ 23.92
NEW / RENEWAL FEE \$ 15.00
PENALTY \$.00
TOTAL \$ 38.92

THIS RECEIPT MUST BE PROMPTLY POSTED FOR PUBLIC VIEW