



2015-2016 SMALL BUSINESS GRANT APPLICATION

ABOUT YOUR BUSINESS:

Business Name: C-N-C Soul Food Restaurant

Physical Address: 1143 ave. D

Mailing Address: Same

Website Address: none

Contact Person: Charles Jackson Title: Owner

Best Contact Telephone Number # 772-353-8657

Amount of Grant Requested: \$ 3000⁰⁰

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Business Owner Signature: *Charles Jackson*

Printed Name of Business Owner: Mary Jackson

Owner Telephone Number: 772-353-8657 Email: Mooger1@ymail.com

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1. Please describe what would you like to purchase with the grant funds. _____
Repair roof on restaurant

2. Please explain why you feel this purchase will help your business. _____
roof is in very bad condition.

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.



Andros Roofing*Construction, LLC

1305 Avenue D, Fort Pierce, FL 34950
General Contractors LIC# CGC1516095
Roofing Contractors LIC# CCC1327225

SDVOSB

772-475-4915

February 25th 2017

REF: Charles Jackson
1143 Avenue D
Fort Pierce, FL 34982-6209
772-353-8657
(Two Gable ends wood siding work)

I/WE, the Owner(s)/representative of the premises described above authorize Andros Construction, LLC hereinafter referred to as "Contractor", to furnish the labor and expertise for the below description of work in a workman like manner. All works to be performed in accordance to the current Florida Builders Code standards.

Work not to be performed includes: any interior, exterior or underground work and/or works not described in this contract.

a. Description of work:

1. Install two gable ends siding wood
2. Re-move the existing facial materials on the two gable ends
3. Installation of this work to be in accordance with the current Florida Builders Code
4. Install a T-11 or smaller to the East and West gable end of the above addressed building
5. Remove and replace a rear door with a metal door
6. Paint only the work performed to this building with similar color

b. Payment: Contractor proposes to perform the above work, (subject to any additions and/or deductions pursuant to authorized change orders) for the

Total Sum of: \$2,773.00

Amount due at Signing of contract: \$ 1,386.50

Amount due at completion of work: \$ 1,386.50

c. Commencement of Work: Commencement of work shall mean the physical delivery of materials onto the premises and/or the performance of any labor and commencement shall be subject to permissible delays.

d. Acceptance: This contract is approved and accepted. I (we) understand there are no oral agreements of understandings between the parties of this agreement. The written terms, provisions, plans (if any) and specifications in this contract is the entire agreement between the parties. Changes in this agreement shall be done by written change order only and with the express approval of both parties.

Changes may or may not incur additional charges.

Owner/Authorized Agent

Date 2017



Andros Rep

Date 2017



City of Fort Pierce

BUSINESS TAX RECEIPT

Please post in a conspicuous place or keep on person.

Business Name / Mailing Address:	Owner:
C-N-C SOUL FOOD RESTAURANT 804 HOLLY AVE FT PIERCE FL 34982	JACKSON, MARY

Business Location*: 1143 AVENUE D

*This business tax receipt is valid at this location only.

Date Issued	Expiration Date	Control Number
March 07, 2017	September 30, 2017	0039404

The business stated above may be engaged in the following business, profession or occupation at the location above-described.		
BTR #	Classification	Restrictions
17-00020813	CAFE/RESTAURANT-11-25 SEATS	



Tax Amount	\$15.92
New/Renewal Fee	\$29.00
Penalty	\$0.00
Total	\$44.92

Linda W. Cox

Linda W. Cox, City Clerk (SEAL)

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE. This receipt does not warrant that the receipt holder is competent to perform in the business, but that the hold has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This receipt becomes null and void if business name, classification, ownership or address is changed.



Certificate of Completion

This Certificate is Presented to:

Charles Jackson

(Attendee Name)

CAC Soul

(Business Name)

For Successfully Completing the Small Business Workshop Entitled

“Small Business Tax Issues”

November 18, 2015

An economic development
initiative funded by:



In collaboration with:

SCORE™

FOR THE LIFE OF YOUR BUSINESS

John Henson

SCORE Workshop Instructor

Certificate of Completion

This Certificate is Presented to:

Charles Jackson

(Attendee Name)

E-N-Soul Food

(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:



In collaboration with:

SCORE™

FOR THE LIFE OF YOUR BUSINESS



SCORE Workshop Instructor