



BUSINESS INTAKE FORM



Business Name:

Website:

Primary Contact Name (First Last):

Daytime Phone:

Cell Phone:

Email:

Secondary Contact Name (First Last):

Daytime Phone:

Cell Phone:

Email:

Is your business currently operating at a physical location? Yes No If yes, date opened:

Current Business Address:

Proposed Delray Beach Address:

How many employees do you currently have? Full-time: Part-time: None

Are you planning to add employees? Yes No If yes, within what time period?

Full-time jobs to be added:

Part-time jobs to be added:

Do you rent or own the proposed Delray Beach business location? Own Rent Not Secured

Under Contract to Own Anticipated Closing Date:

Negotiating Lease Monthly Rental Rate: Lease Term:

What is the square footage of your business location (current or desired)?

Type of Business (check all that apply):

- | | | | | |
|---|-------------------------------------|---|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Office | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Salon/Beauty/Spa |
| <input type="checkbox"/> Fitness Studio/Gym | | <input type="checkbox"/> Art Gallery/Studio | | <input type="checkbox"/> Manufacturing/Industrial |
| <input type="checkbox"/> Convenience Store | | <input type="checkbox"/> Nonprofit | | <input type="checkbox"/> Hotel/Motel |

What kind of assistance are you looking for? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Currently Operating Business | <input type="checkbox"/> Start-up Business | <input type="checkbox"/> Business Relocation |
| <input type="checkbox"/> Exterior Improvements | <input type="checkbox"/> Interior Improvements | <input type="checkbox"/> Infrastructure Improvements |
| <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Property Acquisition | <input type="checkbox"/> Business Startup Capital |
| <input type="checkbox"/> Business Equipment | <input type="checkbox"/> Business Loan | <input type="checkbox"/> Job Training Assistance |
| <input type="checkbox"/> Historic Building Restoration | <input type="checkbox"/> Nonprofit Support | <input type="checkbox"/> New Development Project |

Other:

Are you planning to get a business loan from a private lender? Yes No

If yes, how much?

Estimated Loan Term:

Do you have cost estimates for your construction project? Yes No Not Yet N/A

Estimated Costs - Interior: Exterior:

Estimated Start Date:

Estimated Completion Date:

Which, if any, of the following approvals have you obtained for your business/construction project?

(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Architectural Drawings/Plans | <input type="checkbox"/> Site Plan Approval |
| <input type="checkbox"/> Building Permits | <input type="checkbox"/> None |

Which, if any, of the following documents do you currently have for your business? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Marketing Plan | <input type="checkbox"/> Financial Projections |
| <input type="checkbox"/> Historical Financials | <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> Executed Lease |
| <input type="checkbox"/> Zoning Verification | <input type="checkbox"/> Business Tax Receipt | <input type="checkbox"/> None |

Please list any other specifics about your business that we should know: