



KISSIMMEE MAIN STREET CONDITIONAL USE ASSISTANCE PROGRAM GUIDELINES

Purpose and Objectives:

The purpose of this grant is to promote economic growth in the Kissimmee Main Street program area by encouraging viable retail and personal service businesses to open.

Program Description:

Conditional Use Assistance Program: Kissimmee Main Street will reimburse program participant for the first \$1,000 of the City of Kissimmee Development Review Committee, Conditional Use submittal fee. Funds shall be allocated on a first come first served basis. Only one grant shall be awarded per business.

Program Eligibility Requirements:

1. The applicant must provide a business plan for review by a subcommittee of the Kissimmee Main Street Economic Restructuring Committee.
2. The applicant must provide a copy of a Zoning Certificate issued by the City of Kissimmee Development Services Department.
3. Priority will be given to businesses which are at least 75% retail.
4. The business must be open at least 5 days a week for 8 hours a day and at least one evening per week.
5. The business must show proof of a lease agreement and proof of ownership.
6. The approved applicant is required to attend three meetings with the University of Central Florida Small Business Development Center. Applicants have six months to complete the required meetings and return the verification form and Development Review Committee Approval Letter to Kissimmee Main Street.

Program Application Requirements:

No application can be considered without all of the following documentation.

1. Completed program application form
2. Business plan showing Proof of necessary capital
3. Copy of Zoning Certificate issued by the City of Kissimmee Development Services Department (typical cost of \$25)
4. Copy of lease agreement and proof of ownership prior to reimbursement

Review and Approval Process:

1. Application packets should be submitted to Kissimmee Main Street at 421 Broadway prior to the Planning Advisory Board Meeting.
2. The committee **will not** review applications that are incomplete or retroactive.
3. Application will be reviewed by the Program Subcommittee Kissimmee Main Street Economic Restructuring Committee within 5 business days of receiving the application.
4. Funds for the City of Kissimmee Development Review Committee, Conditional Use submittal fee will be disbursed upon receipt of the (1) Small Business Development Center Meetings Verification Form, and (2) City of Kissimmee Development Review Committee Approval Letter.



**KISSIMMEE MAIN STREET
CONDITIONAL USE ASSISTANCE
PROGRAM APPLICATION**

Applicant Name: _____

Business Name: _____

Property Address: _____

Applicant's Phone Number: _____

Applicant's E-mail: _____

I hereby submit the application for the Conditional Use Assistance Program. I understand and agree to the guidelines of the program and that the application must be approved by the Kissimmee Main Street Economic Restructuring Committee.

Signature of Business Owner

Date: _____

CONDITIONAL USE ASSISTANCE

AGREEMENT

(To be completed once approved as a grant recipient)

As specified in the terms of the Conditional Use Assistance application, I understand that I have three months to complete three UCF Small Business Development Center meetings. I agree to repay the full amount of funds awarded by Kissimmee Main Street if I fail to meet the terms of the agreement.

I understand that if I should close my business before the end of the 2 year repayment period I will fail to meet the terms of the assistance agreement and therefore must repay the full amount awarded.

Should any dispute arise as result of failure to comply with the assistance agreement or repayment of the full amount of the funds awarded, Kissimmee Main Street shall be entitled to recover against me, the Grantee, all costs, expenses and attorneys' fees incurred by Kissimmee Main Street in such dispute, whether or not suit be brought, and such right shall include all of such costs, expenses and attorneys' fees through all appeals or other actions.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seal the day and year set forth below their respective signatures.

WITNESSES: APPLICANT

Print Name: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____, who is personally known to me or has produced a Florida Driver's License as identification and who did take an oath.

Notary Public:

Print Name:

My Commission Expires:

(Seal)



UCF SMALL BUSINESS DEVELOPMENT CENTER
MEETING VERIFICATION FORM

Name: _____

1. Counselor Name _____

Counselor Signature _____

Date _____

2. Counselor Name _____

Counselor Signature _____

Date _____

3. Counselor Name _____

Counselor Signature _____

Date _____

