



## **KISSIMMEE MAIN STREET NEW BUSINESS START-UP 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 businesses and restaurants to open.

### **Program Description:**

*New Business Start-up Program:* Kissimmee Utility Authority will allow businesses approved by Kissimmee Main Street as part of the program to pay their utility deposit over a 24 month period. In addition, Kissimmee Main Street will reimburse program participant for the first \$500 of media advertising/promotions, which must be contracted for in the first 90 days of operation.

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 considered a restaurant or 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 month.
5. The business must show proof of at least a 1 (one) year lease agreement or proof of ownership.
6. The approved applicant is required to attend three University of Florida Small Business Development Center Meetings. Applicants have three months to complete the required meetings and return the Meeting Verification form to Kissimmee Main Street and contract for at least \$500 of media advertising/promotions..

### **Program Application Requirements:**

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

1. Completed program application form
2. Business plan
  - a. 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 or proof of ownership

**Review and Approval Process:**

1. Application packets should be submitted to Kissimmee Main Street at 421 Broadway.
2. The committee **will not** review applications that are not complete.
3. Application will be reviewed by the Program Subcommittee of the Kissimmee Main Street Economic Restructuring Committee within 5 business days of receiving the application.
4. If approved, the applicant will be notified immediately. Upon receipt of the notarized Business Start-up Assistance Agreement, a letter will be issued to Kissimmee Utility Authority authorizing the grantee's utility deposit to be billed over a 24 month period.
5. Funds for media advertising/promotions will be disbursed upon receipt of the (1) Small Business Development Center Meeting Verification Form, and (2) invoice(s) from media advertising/promotion vendor(s).

**\*If the course requirement is not fulfilled KUA will be notified.**



**KISSIMMEE MAIN STREET  
NEW BUSINESS START-UP PROGRAM  
APPLICATION**

**Applicant Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

I hereby submit the application for the New Business Start-Up 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.

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\_\_\_\_\_  
Signature of Business Owner

Date: \_\_\_\_\_

**BUSINESS START-UP ASSISTANCE  
AGREEMENT**

(To be completed once approved as a grant recipient)

As specified in the terms of the Business Start-up 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)

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 \_\_\_\_\_

