

Citrus County

**LOCAL SMALL BUSINESS ASSISTANCE
PROGRAM**



**Citrus County Board of Commissioners
110 N. Apopka Avenue
Inverness, FL 34450**

(352) 341-6560

Local Small Business Assistance Program

The Local Small Business Assistance Program is one of several economic development initiatives established in cooperation between the Citrus County Economic Development Council and the Board of County Commissioners to provide additional job opportunities within the Citrus County economy. This incentive program is designed to offset government assessed expansion costs incurred when an existing business desires to expand within Citrus County.

Application Instructions: The application must be filled out completely and signed in order to be processed. The applicant is welcome to attach additional information. A cover letter must accompany the application that details the scope of the expansion, relocation, or start-up and the intended use of funds. The applicant must submit a MRIP Application (see Appendix B) to the EDC with financial statements for the most recent three (3) years or a business plan including projected cash flow for at least one year for start-up business. The EDC reviews and screens the application. The EDC may, if it is deemed necessary for a complete review, forward the application to the Citrus Memorial Hospital Board or other appropriate designees having expertise in the identified profession.

LOCAL SMALL BUSINESS ASSISTANCE PROGRAM APPLICATION

Application Date: _____ Application #: _____

Applicant: _____

Company Name: _____

Company Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Profession/Specialty/Service provided: _____

How long has the business operated within Citrus County? _____

References and Past Business History: _____

Are you seeking to expand an existing facility, relocate to another site, establish an additional operation, or relocate to a new facility? _____

Is your current business in a leased or owned facility? _____

If relocation or additional operation is proposed, will it be leased or owned? _____

Existing square footage? _____ Proposed square footage? _____

Desired Completion or Opening Date: _____

New full-time or full-time equivalent jobs:

Current employees (include with application affidavit by an officer of company that verifies total number of current employees) _____

a. Number of relocating employees _____

b. New Employees _____

Total relocating employees + new employees _____

Major Equipment Assets to be located within this location:

	Owned	Leased
_____	_____	_____
_____	_____	_____
_____	_____	_____

(add additional sheets as necessary)

Offsite Business Assets (Vehicles, Trailers, Tools, etc.): _____

Current Business Information:

Total # of Clients, Contracts, etc.: _____

Local Business Clients: _____

() Full or partial payment of Transportation Impact Fees

Dollar Estimates for:

Impact Fees	\$ _____
Water Connection Fees	\$ _____
Sewer Connection Fees	\$ _____
Property Taxes	\$ _____
Other Fees	\$ _____
Total Relocation Costs	\$ _____
Total Expansion Costs	\$ _____

Questions on Program & Application Submittal: The applicant is advised to:

- a. Contact the Citrus County Economic Development Council, Inc. to obtain assistance with the program requirements and to fill out the application.
- b. Not to apply or retain any company or person, other than a bona fide employee working solely for the applicant, to solicit or secure the grant aware, and not pay or agree to pay any person, company, corporation, individual or firm, other than a bona fide employee working solely for the

