



THE GOOD LIFE COMMUNITY

## Accelerator/Incubator Entrant Lease Subsidy Incentive Application

**Applicant must apply for Accelerator/Incubator Entrant Lease Subsidy incentive prior to locating in the City of Alachua.**

**Applicant must complete and submit this Application and provide all information requested herein, as applicable to the proposed business to obtain Accelerator-Incubator Entrant Lease Subsidy. Applications for which applicable information has not been provided will be considered incomplete, and will not be accepted or processed. After reviewing the completed Application, the Executive Department will notify the Applicant regarding approval or disapproval of application.**

### **APPLICANT ELIGIBILITY CRITERIA:**

1. Applicant must be entering a small business incubator program at the University of Florida Sid Martin Biotechnology Institute; or
2. Applicant must be entering a similarly recognized small business incubator program that is a member of the International Business Innovation Association (InBIA); or
3. Applicant must be entering a similarly recognized local business accelerator program.

### **ACCELERATOR/INCUBATOR ENTRANT (APPLICANT) INFORMATION:**

Applicant Name and Title:

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Company Name:

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Mailing Address:

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Phone Number:

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Email:

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Federal Tax ID Number:

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Other than this application, has your company received any funding assistance from the City of Alachua to date?

Yes

No

If yes, please provide program name(s), date(s) and amount(s) awarded:

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Has your company applied for any funding assistance from the City of Alachua to date?

Yes

No

If yes, please provide program name(s), date(s) and amount(s) applied for:

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**TYPE OF ACCELERATOR/INCUBATOR ENTRANT (APPLICANT) BUSINESS:**

Please attach supporting documentation of business type.

Proprietorship

Limited Liability Corporation

Partnership

Corporation

Other

If other, explain: \_\_\_\_\_

\_\_\_\_\_

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**ACCELERATOR/INCUBATOR ENTRANT (APPLICANT) PRIMARY BUSINESS ACTIVITY:**

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**ACCELERATOR/INCUBATOR LESSOR (PROPERTY OWNER) INFORMATION:**

Property Owner Name:

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Address of Leased Property:

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Parcel ID Number:

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Phone Number:

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Email:

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Federal Tax ID Number:

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**ACCELERATOR/INCUBATOR ENTRANT (APPLICANT) MOVE-IN DATE:**

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**APPLICANT REQUIRED MATERIALS TO SUBMIT WITH APPLICATION:**

Please include the following attachments with your application before you submit:

- Proof that leased property taxes are current (if applicable)
- Proof that leased property has current utility account in good standing (if City of Alachua utility and if applicable)
- Copy of Accelerator/Incubator Acceptance Letter
- Certificate of Good Standing State of Florida Division of Corporations
- Copy of a Lease or Rental Agreement
- Proof of business type

**SIGNATURE PAGE**

I, \_\_\_\_\_, the Applicant, assures that the information submitted as part of this application package, as well as any subsequent information submitted for review by the City of Alachua is true and correct, and that all information and documentation submitted, including this application and attachments, is deemed public record under the Florida Public Records Law, Chapter 119 of the Florida Statutes. Falsification or omission of information will result in rejection of the application. The City of Alachua maintains the right to request any additional information needed to process this Application.

If the Applicant is awarded funding from the Accelerator/Incubator Entrant Lease Subsidy Incentive, the Applicant agrees that it will enter into a Funding Agreement with the City of Alachua with terms relating to, among other things, the City’s right to receive re-payment of program funds, the City’s right to review and audit any and all records related to the Agreement. In case of a default in terms of the Agreement, the Applicant may be responsible for repayment of distributed funds. Approval of application is also dependent upon available funds.

The City Manager, in his/her sole discretion, shall determine if an Applicant/Business meets the eligibility requirements of this incentive.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_,

by \_\_\_\_\_,

who is/are personally known to me, or who has/have produced \_\_\_\_\_

as identification.