



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 businesses to open.

Program Description:

New Business Start-up Program:

1. 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.
 - a. The applicant must be in good standing with Kissimmee Utility Authority. KUA has the authority to reject deposit split based on prior history.
2. Kissimmee Main Street will **reimburse** program participant for the first \$500 of media advertising/promotions, which must be contracted within the first 90 days of receipt of a certificate of occupancy.
 - a. Kissimmee Main Street may call vendors used for promotional services to ensure payment was received in full. Your receipt for services rendered must show a \$0 balance.

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 that includes a Profit and Loss Projection, for review by a subcommittee of the Kissimmee Main Street Economic Restructuring Committee. A 12 month Profit/Loss Projection template and instructions are available upon request.
2. The applicant must provide a copy of a Zoning Certificate issued by the City of Kissimmee Development Services Department indicating that the use is permitted. If not a permitted use, a Conditional Use approval letter may be submitted in-lieu of the Zoning Certificate.
3. Priority will be given to businesses which are considered a restaurant or are at least 75% retail, but others are not prohibited from applying.
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. Applicant may submit first and last page of lease agreement.

6. The approved applicant is required to attend three training sessions. These may include but are not limited to sessions provided by the Small Business Development Center or a one on one consultation with Kissimmee's UCF Incubator Manager. These courses should total at least 5 hours of education. 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. Please visit www.kissimmeemainstreet.com for schedule of upcoming sessions. Contact information provided below:

UCF Incubator, Kissimmee– 407-343-4300
Small Business Development Center– 407-847-2452

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. The committee meets once per month.
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. Reimbursement funds for media advertising/promotions will be disbursed upon receipt of
 - a. Small Business Development Center Meeting Verification Form
 - b. Invoice(s) from media advertising/promotion vendor(s).

Program Application Requirements Checklist:

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

- ☐ Completed program application form
- ☐ Business plan
 - a. Proof of necessary capital
 - b. Profit and Loss Projection Sheet
- ☐ Copy of Zoning Certificate issued by the City of Kissimmee Development Services Department (typical cost of \$25) indicating use as permitted or Conditional Use approval letter
- ☐ Copy of first and last page of the lease agreement or proof of ownership



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

Applicant Name: _____

Business Name: _____

Property Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

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 or Small Business Development Center seminars. 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 _____

Hours Attended: _____

Counselor Signature _____

Date _____

2. Counselor Name _____

Hours Attended: _____

Counselor Signature _____

Date _____

3. Counselor Name _____

Hours Attended: _____

Counselor Signature _____

Date _____

