**Basic Information**

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| **Project Title:** | | | | **Parcel No.:** |
| **Legal Name of Business:**  **DBA:** | | | | **Displacee No.:** |
| **Business Phone:** |
| **Owner(s) name(s), if different from above:** | | **Fax:** | | **Alternate Phone:** |
| **Email:** | | **Occupancy Date:** |
| **Type of operation:**  **Landlord**  **Retail**  **NPO**  **Manufacturing**  **Other** | **Business site address:** | | **Business mailing address:** | |
| **Title VI Required Information:**  **African American  Asian/Pacific Islander  Hispanic American  American Indian/Alaskan Native**  **Caucasian  Other**  **MWBE: Yes  No  DBE: Yes  No**  (Minority Women Business Enterprise) (Disadvantaged Business Enterprise**)** | | | | |

**Present Operation**

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| **Type of Displacement:** **Business**  **Farm** **NPO**  **Corporation**  **Partnership**  **LLC**  **Sole Proprietor** | | | | | | |
| **Describe Nature of Business:** | | | | | | |
| **Total building(s) square footage:** | | **Lot size:** | | | **Number of employees:** | |
| **Replacement preference:**  **Purchase**  **Lease**  **Own Land** | | **Number & types of other businesses owned:**  **Number:**  **Types:** | | | | |
| **Any special utility needs:** | | | **ADA Requirements:** | | | |
| **Do you depend on truck deliveries?**  **Yes**  **No Size:**       **Access From:** | | | | | | |
| **Special displacement building features:** | | | | | | |
| **Land:**  **Own**  **Lease** | **Lease rate:**       **Expiration of lease:** | | | | | |
| **Building:**  **Own**  **Lease** | **Lease rate:**       **Expiration of lease:** | | | | | |
| **Special lease terms:** | | | | | | **Renewal options in lease:** |
| **Do you sublease any portion of this property:**  **Yes**  **No** | | | | **Was the business grandfathered in:**  **Yes**  **No** | | |
| **Do you own or lease any other property for this business:** | | | | **Special zoning requirements:** | | |
| **Shareholders or partners of business:** | | | | **Do you plan to keep your business in operation:**  **Yes**  **No** | | |
| **Hours & days of operation:** | | | | **Seasonal business:** | | |

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| **Busy time of year:** | **Slow time of year:** |
| **Best time of year to move:**  **Fall**  **Winter**  **Spring**  **Summer** | **Do you store hazardous materials**  **Yes**  **No**  **If yes, describe:** |
| **Where is customer base located:** | **Do you have a computerized inventory:**  **Yes**  **No** |
| **Do you have a floor plan layout:**  **Yes**  **No** | **Type and nature of other needs:** |

**Personal Property Questions**

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| **What equipment/personal property affixed to your property will need to be moved:** |
| **Will any equipment be difficult to move:** |
| **Special personal property:** |

**Service Providers**

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| --- | --- |
| **Phone:** | **Cable/Internet:** |
| **Computer:** | **Security:** |
| **Other:** | **Vendor-owned equipment (vending machines):** |
| **Additional comments** | |

**Desired Replacement Site Requirements**

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| --- | --- |
| **Building size:** | **Lot size:** |
| **Shipping/Receiving accommodations:** | **Location:** |
| **Physical Layout:** | **Special utility needs:** |
| **Floor loading:** | **Height:** |
| **Storage:** | **Parking:** |
| **Other replacement site requirements:** | |
| **Do you have a replacement site located:**  **Yes**  **No If not, what are your location needs?** | |
| **Anticipated difficulty in locating replacement property and rationale:** | |

**Additional Information**

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| **Identification of advance payments that might be necessary to complete the business move:** |
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**Relocation Cost Estimate**

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| **Reestablishment Expenses:** $ | **Moving Cost:** $ | **Site Search Cost:** $ |
| **Specialist**: | | **Date**: |