**Basic Information**

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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:**       |

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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**

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

**Desired Replacement Site Requirements**

|  |  |
| --- | --- |
| **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**

C

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

**Relocation Cost Estimate**

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