

## CAPITAL INVESTMENT FOR DIVERSIFICATION (CID) INCENTIVE APPLICATION

An affidavit certifying continued compliance of employment benefits requirements for four years is required annually.\*

Land Owner/Developer liable for Impact Fees	s at C.O.:
Authorized Representative:	
Email address:	Phone #:
Mailing address:	
Qualified Targeted Industry's name:	
Email address:	Phone #:
Mailing address:	
	Industry SIC code (NAIC)
Number of Full Time Employees: N healthcare coverage by this employer:	lumber of Employee's being provided at least 50% of their cost of
Project location:	
Estimated square footage of project?	
Amount to be paid in impact fees:	Anticipated date of project completion?
List all other state and federal economic deve	elopment or financial support:
Has this property received a prior certificate	of occupancy?
supporting documents will be required prior  □ Deed indicating current fee ownership of t  □ Proof of pre-payment of impact fees.  □ Executed lease or sales contract with this	the property.
* I hereby swear that the information contained	ed in this application is accurate.
Sworn to and subscribed to me this the	day of, 20
Notary Public, State of Florida	Land Owner/Developer
Notary Public, State of Florida	Targeted Industry Employer