



CITY OF GROVELAND  
156 S. LAKE AVENUE  
GROVELAND, FL 34736

PHONE 352-429-2141  
FAX 352-429-3852

*"The city with a future, watch us grow!"*

**ECONOMIC DEVELOPMENT INCENTIVE PROGRAM APPLICATION (EDIPA)**

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_ / e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Do you rent/lease or own \_\_\_\_\_

Business Name \_\_\_\_\_  
Years in business \_\_\_\_\_ Number of Employees \_\_\_\_\_ How much cash/investment/equity \_\_\_\_\_  
Business/Project Site Address \_\_\_\_\_ Do you rent/lease or own \_\_\_\_\_

Property owner(s) (If different from applicant) Name \_\_\_\_\_  
Phone # \_\_\_\_\_ / e-mail \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Key Number \_\_\_\_\_

Construction Cost \_\_\_\_\_ Permit # \_\_\_\_\_

Project within the Community Redevelopment Area (CRA)? Yes \_\_\_\_\_ No \_\_\_\_\_

Project Description \_\_\_\_\_

Type of Business \_\_\_\_\_

What type of incentive(s) do you need? Please mark all sections that apply listed below:

CRA District \_\_\_\_\_ City \_\_\_\_\_

**New Business/Expansion:** \_\_\_ **Infrastructure:** \_\_\_ **Public/Private Partnership:** \_\_\_ **Lease** \_\_\_  
**Industrial/Commercial Business – Tenant/Owner** \_\_\_

Does this request meet the criteria for incentive(s) \_\_\_\_\_

If request is for a waiver of building permit fee(s) or development application fee(s), explain why a waiver should be granted \_\_\_\_\_

How many square feet is the new expansion \_\_\_\_\_

How many square feet is the current/existing building \_\_\_\_\_

**Job Creation**

How many Groveland jobs are there currently vs how many will be created at the new location

Number of jobs being created with new building location \_\_\_\_\_

Number of jobs being created with new expansion \_\_\_\_\_ or retained \_\_\_\_\_  
How much does these jobs pay per hour \_\_\_\_\_ Number of Salary \_\_\_\_\_ Number of Hrly \_\_\_\_\_  
Type of education and job training needed to qualify for a position with your firm

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**(EDIPA)**

What is the average minimum hourly and salary rates at your firm \_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Additional information may be requested.**

**City Contact:** Rodney Lucas, Interim Director, Community Development

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