



Fiscal Year 2021-2022

NEW PORT RICHEY COMMUNITY REDEVELOPMENT AGENCY

RENTAL REIMBURSEMENT GRANT

INITIAL APPLICATION CHECKLIST

Please fill out the following checklist *before* submitting your application to CRA staff.

Check each box to indicate that the requested items are included in your packet before submission.

Please do not submit application if items are missing.

	A completed and signed application
✓	Copy of corporate documents & proof of business ownership for the applying business entity
✓	Copy of City Business Licenses (Business Tax Receipt)
✓	Copy of executed multi-year commercial lease agreement (must be at least 24 months)
✓	List of jobs to be created and filled, including job descriptions, pay range, and weekly schedule
✓	W9 Form
	I understand that I must submit written request for reimbursement <b>and</b> proof of rent payments (copies of front and back of canceled checks or proof of direct deposit) within 30 days of the start of each quarter (January 1 <sup>st</sup> , April 1 <sup>st</sup> , July 1 <sup>st</sup> , and October 1 <sup>st</sup> ) or I forfeit grant reimbursement for that quarter

Applicant

Signature

Applicant Print

George R. Walts

Date

6-24-22

# LANDLORD INFORMATION

## LANDLORD SIGNATURES:

1. Michelle Sorensen 3-13-22  
Landlord's Signature Date  
Michelle Sorensen Owner  
Printed Name Title

2. [Signature] 3-13-22  
Landlord's Signature Date  
George Stacy Owner  
Printed Name Title

**Notary as to Principal/Owner's Signatures - Multiple notary pages may be used if signing individually**

STATE OF FL  
COUNTY OF Pasco

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Michelle Sorensen, who is/are personally known to me or produced \_\_\_\_\_ as identification, and acknowledged he/she executed the foregoing Agreement for the use and purposed mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal in the State and County aforesaid on this 13<sup>th</sup> day of March, 2022.



Shanna L. Wright  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG212765  
Expires 4/30/2022

Shanna L. Wright  
NOTARY PUBLIC

My Commission Expires: 4/30/2022

APPLICANT SIGNATURES:

1. [Signature] 3/18/22  
Principal/ Owner's Signature Date  
George - R. Waltz GM/owner  
Printed Name Title

2. [Signature] 3/18/2022  
Principal/Owner's Signature Date  
Dillon - G. Waltz AGM/owner  
Printed Name Title

Notary as to Principal/Owner's Signatures - Multiple notary pages may be used if signing individually

STATE OF Florida  
COUNTY OF Pinellas

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Dillon G. Waltz, who is/are personally known to me or produced personally known as identification, and acknowledged he/she executed the foregoing Agreement for the use and purposed mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal in the State and County aforesaid on this 18 day of March, 2022.

[Signature]  
NOTARY PUBLIC  
My Commission Expires: 7/7/2023



## CREDIT MEMO

### LOAN REQUEST SUMMARY

<b>APPROVED DOLLAR AMOUNT</b>	<b>50% of \$3200 with a maximum payment per month of \$1250x 12 months payable quarterly beginning October 1, 2022 and ending October 1, 2023</b>
<b>LENGTH OF TIME IN BUSINESS</b>	<b>January 2022</b>
<b>JOBS CREATED</b>	<b>16 jobs</b>
<b>GUARANTEE COLLATERAL?</b>	<b>n/a Lease provided</b>
<b>DATE OF DEVELOPMENT COMMENCEMENT</b>	
<b>TOTAL COST OF THE PROJECT</b>	
<b>FUND SOURCE—</b>	<b>Rent Reimbursement Grant</b>

**DATE:** 06.24.2022  
**APPLICANT:** George R. Walts and  
**BUSINESS NAME:** **Backdraughts LLC**  
**PROJECT ADDRESS:** **6345 Grand Blvd Suite 103**  
**LEGAL STRUCTURE:** TIN: 47-5315055  
**TOTAL PROJECT AMOUNT**  
**FUND PURPOSE:** Rent reimbursement up to \$15,000.00  
**REPAYMENT SOURCES:** n/a  
**JOB CREATION/ RETENTION:** 16 jobs

**SUMMARY:**

**Payout Schedule:**

For the rents payable starting on October 1.

Submission of rent payments starting October, November, December 2022 with payout

January 30 <sup>th</sup> , 2023	\$3,750
April 30 <sup>th</sup> , 2023	\$3,750
July 30, 2023	\$3,750
<u>October 30, 2023</u>	<u>\$3,750</u>

Total payments = \$15,000.00

Business set back with construction delays has resulted in a delay in the opening of the location and rent payments still required to be paid. Request to allow rent reimbursement to be granted to begin now since the payments are being paid to the landlord as of January 2022. Lease payments currently are \$3000 and in the 2<sup>nd</sup> and 3<sup>rd</sup> year rent increases to \$4000 a month.

**RECOMMENDATION:**

Rent reimbursement approval

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**Sources and Uses of Funds:**

	<b>City of New Port Richey Grant Fund Type</b>	<b>Banks</b>	<b>Owner</b>
Property Acquisition			
Site Improvements			
Machinery/Equipment			
Inventory			

**Checklist**

<b>Documentation</b>	<b>Date</b>	<b>06.24.2022</b>
<b>Signed Grant Application</b>		<b>Bringing document to applicant to notarize.</b>
<b>Construction Plans</b>		
<b>Requisition in Tyler</b>		
<b>Reimbursement Category (circle)</b>		<b>Purchase of Commercial Property/Multiple tenants/ or anchor tenant/Exterior Façade/ Jobs Creation</b>
<b>Increase in Ad valorem taxable value</b>		
<b>Amount of Improved square footage</b>		<b>1914 sq ft</b>
<b>Property owners required on payment</b>		<b>Verify on property appraisal</b>



## **Fiscal Year 2021-2022**

### **NEW PORT RICHEY COMMUNITY REDEVELOPMENT AGENCY COMMERCIAL RENT REIMBURSEMENT GRANT PROGRAM**

#### **Program Rules and Regulations**

The Commercial Rent Reimbursement Grant Program is designed to help facilitate the establishment of new businesses and aid in the expansion of existing businesses within the New Port Richey Community Redevelopment Agency (the "CRA") District. The program is designed to provide financial assistance to new and existing businesses in the form of rent reimbursement intended to help businesses during the critical first year of operation.

The CRA reserves the right to approve or deny any Commercial Rent Reimbursement Grant Program application and to deny payment at any time if, in its sole and absolute discretion, it determines that the business will not advance the goals and objectives established for redevelopment of the CRA District. The receipt of past payments is not a guarantee of future payments.

For purposes of this application, the term "new business" means a company in operation for less than six months or relocating to New Port Richey. The term "existing business" means a company that has been in operation within the CRA District for a minimum of two years at the time of application and has at least two years remaining on its existing lease.

The New Port Richey CRA is a public agency and is governed by the "Florida Public Records Law" under Florida State Statutes, Chapter 163. Any documents provided by the Applicant(s) may be produced by the CRA upon receipt of a public records request, subject to any exemptions provided by Florida Law.

## **Incentive Funding**

The Commercial Rent Reimbursement Grant Program offers financial assistance through a reimbursable grant in the form of a quarterly rent reimbursement. New businesses are eligible to apply for assistance for up to six months from the issuance of the City of New Port Richey Business Tax Receipt.

Rent Reimbursements will not be paid until all construction has ended, permits are closed out, City and County licenses are obtained, and the business is open for operation under a Temporary Certificate of Occupancy (TCO) or a Certificate of Occupancy (CO). For businesses that do not require any construction work, rent reimbursements will not be paid until City licenses are obtained and the business is open for operation.

On a quarterly basis, the CRA will issue reimbursement directly to the applicant. Reimbursement is for the monthly rent payment made to the landlord, and is dependent upon receipt of verification that the payment has been cleared by the bank.

The responsibility for all rental payments is between the parties to the lease, as such the tenant and the landlord. As grantor, the CRA neither bears nor accepts any responsibility for payment of rent at any time, nor penalties incurred for the late arrival of payments by any party.

## **Eligibility Requirements**

Applicants must meet all of the following requirements in order to be considered eligible to receive grant funding:

- Applicant must be the business entity (or d/b/a) named and the principal owners named on the corporation documents, and must be the landlord or business owner of the company occupying the property to be improved.
- Must be located within the CRA District.
- Must provide proof that the business is properly licensed by all necessary levels of government and professional associations or agencies (copies of city and county licenses or receipts that the licenses have been applied for).

- Non-profit and residentially zoned properties are NOT eligible.
- An existing business must expand to occupy more than 50% of its current square footage size. Verification of this threshold must be provided in the application Package. Exceptions to this rule may be made at the discretion of the CRA Executive Director if the tenant is losing their current space due to redevelopment of the site.
- Applicant must have an executed multi-year lease with at least two years remaining on the lease.
- Proposed leases must be executed within 30 days of CRA approval or the grant award is terminated.
- The Commercial Rent Reimbursement Grant Program may only be used one time by any one specific business entity or business owner.
- Grantees shall allow the CRA the rights and use of photos and project application materials.

### **Ineligible Businesses**

The following businesses are considered ineligible for assistance under the Commercial Rent Reimbursement Grant Program:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Firearm Sales/Shooting Range</li> <li>• Religion-Affiliated Retail Stores</li> <li>• Non-profit Organizations</li> <li>• Check Cashing Stores</li> <li>• Adult Entertainment</li> <li>• Adult Arcades</li> <li>• Alcohol and/or Drug Rehabilitation Centers/Housing</li> <li>• Convenience Stores</li> <li>• Churches/Places of Worship</li> </ul> | <ul style="list-style-type: none"> <li>• Tattoo Shops/Body Piercing/Body Art Shops</li> <li>• Liquor Stores</li> <li>• Pawn Shops</li> <li>• Medical Research Centers/Housing</li> <li>• Vapor Cigarette, E cigarette Stores</li> <li>• Hair/Nail Salons</li> <li>• Any other use that the CRA staff or CRA Board determine will not support the redevelopment of the CRA District</li> </ul> |
|---|---|

### **Businesses must be one of the following types of businesses:**

- Restaurants
- Gourmet Food Market
- Specialty Business-stationary, gifts, sporting goods, flower shop, book stores
- Businesses that are beneficial to residents and support the mission of the CRA
- Home Décor/Design-home furnishings, art & music galleries, kitchen wares
- Specialty Food-coffee, juice, sandwich, and ice cream shops
- Retail, including clothing, clothing boutiques, shoes, accessories
- Bakery
- Stationary and Flower Shops
- Jewelers
- Specialty Brewers and Vintners/Wine/Cigar Shops
- Transportation Alternatives-bicycle repair/rentals, charging stations, Segways, water taxi, etc.

### **Business Eligibility**

Grant funding amounts will be based on the applicant's project budget specified at the time of CRA approval.

### **Grant Terms and Conditions**

Businesses are eligible for reimbursement for up to half (50%) of the business's base monthly rent or \$1,250 per month, whichever is less (maximum amount of the grant is \$15,000 distributed in four quarterly payments).

To determine eligibility a review panel will consider the nature and type of business, and its benefit to the mission of the CRA. General Guidelines are as follows:

- Will the business be beneficial to residents?
- Does the presence of the business improve taxable property values?
- Does the investment contribute significantly to the improvement of the property, such as meeting or exceeding building codes, fulfilling ADA requirements?
- Does the business occupy a vacant commercial location?
- Does the business serve to mitigate slum and blight conditions?
- Is the business beneficial to mix of existing business? For example: Location of retail stores within the urban core or nearby restaurants?
- Does the design of the storefront ascribe to the recommendation set forth in 2018 Shopability Study?
- Is there a historic preservation need?

## Lease Terms

If the applicant is a tenant, it must have a proposed or executed multi-year lease with a minimum of two years remaining on the lease. The commercial lease must define the landlord-tenant relationship and at minimum provide the following information:

- A description of the space being rented, including square footage and a drawing of the space;
- Description of utilities that are the tenant's responsibility;
- Rental rate and deposits along with terms of lease and methodology for future rent increases;
- Responsible party for interior and exterior repairs and/or improvements;
- Insurance requirements;
- Ability to terminate; and
- Consequences of default on the lease.

For purposes of this paragraph, the term "subject property" means the leased premises of the grant recipient, for which the applicant or grant recipient is seeking rental reimbursement, or any part thereof. Grant recipients are prohibited from subletting the subject property. If a grant recipient sublets the property, the grant recipient will be required to repay the CRA for all grant money received up to that point and will not be eligible to receive any further grant funding.

For purposes of this grant, the CRA considers the following to be subletting: A) executing a sublease, assignment, or similar agreement with an entity that is not the grant recipient; B) allowing the subject property to be occupied by any business entity in which the grant recipient is not listed as the registered agent, owner, officer or director of said business, or assisting such a business in so doing; C) allowing or assisting a business entity other than the grant recipient to list its place of business as the subject property; or D) allowing or assisting a business entity other than the grant recipient to obtain a business tax license from the City of New Port Richey for the subject property. The fact that a business entity other than the grant recipient occupies the subject property, lists its place of business as the subject property, obtains a business tax license for the subject property, or similarly appears to use the subject property is sufficient evidence that the grant recipient has allowed or assisted such other business entity to do so and is grounds for termination of any further grant payments and seeking reimbursement for previously paid grant payments.

However, it shall not be considered a prohibited subleasing when the business purpose of the applicant is to provide a space for aspiring businesses, such as when the applicant is a business incubator, commissary kitchen, or business that provides co-op workspace. The CRA will determine whether a certain applicant fits into the exception described in this paragraph on a case-by-case basis.

## **Application Process**

Applications can be obtained from the Economic Development Office, City Hall, Second Floor, 5919 Main St., New Port Richey, FL 34652. All applicants are required to meet with Economic Development Staff in order to determine eligibility before submitting an application. Applications will not be considered until all required documentation is submitted to the Economic Development Office.

Application to this grant program is not a guarantee of funding. Funding is at the sole discretion of the CRA.

Applicants must submit an original, "hard copy" application with all materials to the CRA for review and approval by the CRA panel. Applicants will be considered on a first-come, first served basis. Application packets must include the following documentation:

1. Resume for each principal/owner of the business.
2. Copy of the corporate documents for the applying business entity.
3. Copy of City Business Licenses (Business Tax Receipt).
4. Copy of executed multi-year commercial lease agreement.
5. List of jobs to be created and filled including job descriptions, pay range and weekly schedule. For existing businesses, provide a list of all current positions including job descriptions, pay range and weekly schedule.
6. If an existing business must expand to occupy more than 50% of its current square footage size, verification of this threshold must be provided in the application package. Exceptions to this rule may be made at the discretion of CRA staff if the tenant is losing their current space due to redevelopment of the site.
7. Completed and signed application (attached).
8. W9 Form (attached).

## Site Visits

Staff may also conduct unannounced site visits before, during and after the project in order to determine and ensure compliance with the terms of the grant.

## Procedures for Reimbursement

Quarterly rent reimbursement payments will be provided to the grant recipient beginning the first month the business is open for operation subsequent to CRA approval. A maximum of 12 consecutive monthly rent payments are eligible to be reimbursed to the approved applicant. Reimbursement will occur on a quarterly basis.

Following the initial reimbursement request, each reimbursement request shall be made within 30 days of the start of the next quarter beginning on January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> and October 1<sup>st</sup>.

### Months Eligible for Reimbursement

- October, November, December
- January, February, March
- April, May, June
- July, August, September

### Deadline to Submit for Reimbursement

- January 30th
- April 30th
- July 30th
- October 30th

In order to receive quarterly rent reimbursement the grant applicant must submit the following:

1. Written request for reimbursement.
2. Proof of rent payments (i.e., copies of the front and back of canceled checks for that quarter's reimbursement and bank statements showing checks cleared, or proof of direct deposit).

If applicant does not submit its quarterly reimbursement request within 30 days following the end of the quarter in which applicant is requesting reimbursement, applicant forfeits that quarter's reimbursement.

## **Discontinuation of Payment**

The receipt of past payments does not guarantee future payments. The CRA retains the right to discontinue rent reimbursement payments at any time at its sole and absolute discretion.

### **SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF FUNDING**

**It is the responsibility of the applicant to READ AND UNDERSTAND all aspects of the Grant Program's Rules/Requirements and Application.**

**NOTICE TO THIRD PARTIES:** The grant application program does not create any rights for any parties, including parties that performed work on the property. Nor shall issuance of a grant result in any obligation on the part of the CRA to any third party. The CRA is not required to verify that entities that have contracted with the applicant or applicant's landlord have been paid in full, or that such entities have paid any subcontractors in full. Applicant's submittal of verification that monthly rental payments have been cleared by the bank warranty is sufficient assurance for the CRA to award grant funding.

#7b



# APPLICANT INFORMATION

## BUSINESS INFORMATION:

Applicant Name/Business Name (d/b/a if applicable):

Backdraughts LLC

Business Address (if currently in a different location than project site):

6345 Grand Blvd Suite #103 New Port Richey, FL 34652

Fed ID#: 47-5315055

Business Phone Number: 727-452-0734 Fax: \_\_\_\_\_

Website: Backdraughts.com

Existing Business: Yes  No \_\_\_\_\_ Number of years in existence: 8

Time at Current Location: New

New Business to New Port Richey: Yes  No \_\_\_\_\_

Do you have an executed lease agreement: Yes  No \_\_\_\_\_

If so, monthly base rent: 3200.- /mth

New Business Address:

6345 Grand Blvd #103 NPR FL 34652

Square footage of current location (if moving): 1400 ft<sup>2</sup> + cocktail lounge 1300 ft<sup>2</sup>

Square footage of new location: 2200 ft<sup>2</sup>

Hours of Operation: Tuesday - Sunday 12-9

Type of Business: Wood fired Pizza / Wings / Salads / Desserts

Number of Employees: 16

#70

### APPLICANT INFORMATION

#### PRINCIPAL/OWNER INFORMATION:

(If more than 4 principals/owners additional sheets may be used)

1. Principal/Owner Name: George R. Wa lts  
 Date of Birth: 3/23/65 Email: gemony2@aol.com

Residential Address:  
1531 Ember lane  
Tarpon Springs FL 34689

Cell Phone Number: 727-452-0734

2. Principal/Owner Name: Dillon G. wa lts  
 Date of Birth: 11/15/93 Email: DillonWaits@yahoo.com

Residential Address:  
729 Sunset dr Tarpon Springs, FL 34689

Cell Phone Number: 727-386-3698

3. Principal/Owner Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_

4. Principal/Owner Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_

#7a

### APPLICANT INFORMATION

Are you applying for grant assistance under any other program offered by the CRA?

Yes  No  If yes, what additional programs are you applying for:

Interior Build-out Grant Program

Are you receiving grant assistance under any other governmental agencies: Yes  No

If yes, list any additional grant sources and amounts:

\$25,000 N/A

### LANDLORD INFORMATION:

Landlord Name: George & Shelly Sorenson

Landlord's Mailing Address:

Grand Blvd Investments  
6345 Grand Blvd NPR FL 34652

Landlord's Phone Number: 1-352-242-7093

### CERTIFICATION AND WAIVER OF PRIVACY:

For purposes of this certification and waiver of privacy, the term "I" refers to the applicant and to all signatories below individually. By signing below, each signatory represents and confirms that he or she is authorized to sign on behalf of the applicant(s).

I, the undersigned applicant(s), certify that all information presented in this application, and all of the information furnished in support of the application, is given for the purpose of obtaining a grant under the New Port Richey Community Redevelopment Agency Commercial Rent Reimbursement Grant Program, and it is true and complete to the best of my knowledge and belief.

I further certify that I am aware of the fact that I can be penalized by fine and/or imprisonment for making false statements or presenting false information. I further acknowledge that I have read and understand the terms and conditions set forth and described in the New Port Richey

## APPLICANT INFORMATION

I understand that this application is not a guarantee of grant assistance, and that award of grants is at the sole discretion of the New Port Richey Community Redevelopment Agency. I understand that the purpose of the grant is to further the New Port Richey Community Redevelopment Plan, and that the New Port Richey Community Redevelopment Agency may decline my application for any legal reason, including the reason that granting the award will not further the Community Redevelopment Plan. Should my application be approved, I understand that the New Port Richey Community Redevelopment Agency may, at its sole discretion, discontinue grant payments at any time if in its sole and absolute determination it feels such assistance no longer meets the program criteria or is no longer furthering the New Port Richey Community Redevelopment Plan.

To the maximum extent possible, I hereby waive my rights to privacy and confidentiality for all matters contained in my application, and give my consent to the New Port Richey Community Redevelopment Agency, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize any bank, employers or other public or private agency to disclose information deemed necessary to complete this application.

I give permission to the New Port Richey Community Redevelopment Agency or its agents to take photos of myself and business to be used to promote the program.

I understand that if this application and the information furnished in support of the application are found to be incomplete, it will be not processed.

#4a

LEASE - BUSINESS

THIS LEASE is made between Grand Blvd Investments, LLC, hereafter called "Lessor," whose address for purposes of notice under this lease is 6345 Grand Boulevard, New Port Richey, FL 34652, and Backdraughts, LLC, hereafter called "Lessee," whose address for purposes of notice under this lease is 6345 Grand Boulevard, Suite 103, New Port Richey, FL 34652.

The parties agree as follows:

1. **AGREEMENT TO LEASE: DESCRIPTION OF THE PROPERTY.** Lessor leases to Lessee, and Lessee rents from Lessor, the following described commercial property: Suite 103, as set forth on the sketch or plan attached hereto, consisting of approximately 1914 square feet.

2. **TERM OF LEASE.** The term of the lease is as follows:

The term of this lease shall be a period of thirty-six (36) months, commencing on January 1, 2022, at 12:01 a.m., and ending at midnight on December 31, 2025. Provided, however, that the Lessee shall have the right to renew this lease for an additional term of two years, on like terms and conditions, with no more than a five percent (5%) increase in the rent per year, by delivering a written notice of intention to renew lease to Lessor no later than 90 days from the end of the term.

3. **RENTAL.**

a. Lessee shall pay to Lessor as rent at the address set forth above, or at any other address that Lessor may designate, the minimum annual rent of \$38,400.00 for the first year in lawful money of the United States of America. The minimum annual rent for the second and third years of the lease term will be \$48,000.00.

b. The minimum annual rent shall be payable in monthly installments of \$3,200.00 for the first year, and \$4,000.00 per month for the second and third years, plus applicable sales tax, and shall be paid in advance on the first day of each calendar month during the term of this lease and any renewal of it.

c. All payments due from Lessee to Lessor under the terms of this lease, including but not limited to monthly rental payments, shall be paid promptly when due to Lessor at the place Lessor designates in writing. If any payment is not received by Lessor by midnight on the 10th day following the day on which the payment is due, a late fee equal to 5% of the delinquent payment shall be due from Lessee to Lessor as additional rent.

d. The first month's rent and the last month's rent shall be paid when this lease is signed.

4. **TAXES.** Lessor shall be responsible for all municipal, county, or state taxes assessed during the term of this lease on the leased real property. Lessee agrees to pay any taxes

levied against the personal property and trade fixtures of Lessee in and about the premises, provided, however, that if any taxes of Lessee are levied against Lessor or Lessor's property or if the assessed value of Lessor's property is increased by the inclusion of the value placed on Lessee's property and Lessor pays those taxes, Lessee, on demand, shall reimburse Lessor for all taxes actually paid on Lessee's behalf.

5. SECURITY DEPOSIT. Concurrent with the execution of this lease, Lessee has deposited with Lessor the sum of \$3,200.00, the receipt of which is acknowledged by Lessor. This sum shall be retained by Lessor as security for Lessee's payment of the agreed rent. If at any time Lessee defaults in any provision of this lease, Lessor will have the right to use the deposit or as much of it as may be necessary to pay any rent in default, any expense incurred by Lessor in curing any default by Lessee, or any damages incurred by Lessor by reason of Lessee's default. Lessor may retain the deposit at its option in liquidation of the damages it suffers by reason of Lessee's default. If the deposit is not used for any such purpose, it shall be refunded to Lessee within 15 days after the expiration of the term of this lease and timely surrender of the premises. Lessee will not be entitled to interest on the security deposit.

6. SUBORDINATION. This lease and all rights of Lessee under it are and shall be subject to and subordinate to the rights of any mortgage holder now or hereafter having a security interest in the leased premises or any other encumbrances Lessor desires to place on the property.

7. LESSEE'S COVENANTS. Lessee further covenants and agrees as follows:

a. To pay the rent and every installment of it when it comes due; to use the premises in a careful and proper manner for the express purpose of operating a pizza/italian restaurant business; to commit or permit no waste or damages to the premises; to conduct or permit no business or act that is a nuisance or may be in violation of any federal, state, or local law or ordinance; to surrender the premises on expiration or termination of this lease in clean condition and good repair, normal wear and tear excepted, provided, however, that all alterations, additions, and improvements permanently attached and made by Lessee, its successors, sublessees, and assigns (excepting movable furniture, equipment, supplies, inventory, and special air-conditioning equipment installed by Lessee) shall become and remain the property of Lessor on the termination of Lessee's occupancy of the premises.

b. To pay all costs of fuel, electricity, garbage, telephone, and all other utilities used on the premises. All those amounts shall be paid within 10 days of becoming due.

c. To maintain at all times during the lease term, at Lessee's cost, a comprehensive public liability insurance policy protecting Lessor against all claims or demands that may arise or be claimed on account of Lessee's use of the premises, in an amount of at least \$1,000,000.00 for injuries to persons in one accident, \$1,000,000.00 for injuries to any one person, and \$500,000.00 for damages to property. The insurance shall be written by a company or companies acceptable to Lessor, authorized to engage in the business of general liability insurance in the state of Florida, and shall name Lessor as an additional named insured. Lessee shall deliver to Lessor annual certificates demonstrating that insurance is paid up and copies of the insurance policies issued by the insurance companies. Lessee further agrees to maintain at all times during the lease term, at Lessee's cost, broad-coverage fire and casualty insurance on its property (including inventory) and to provide Lessor with a copy of the policy and a certificate issued by the insurance company demonstrating that insurance is paid up. At its option, Lessor may request Lessee to obtain a certified statement by each insurance carrier containing a clause providing that the insurance carrier will give Lessor 30 days' written notice before any cancellation shall be effective. The insurance policies shall be provided by Lessee and shall be for a period of at least one year. If Lessee fails to furnish policies or

#9c

certificates showing policies to be paid in full as provided in this lease, Lessor may obtain the insurance, and the premiums on that insurance will be considered additional rental to be paid by Lessee to Lessor on demand.

d. To prohibit and refrain from engaging or in allowing any use of leased premises that will increase Lessor's premiums for insurance on the building without the express written consent of Lessor.

e. To indemnify and hold harmless Lessor and the leased premises from all costs, losses, damages, liabilities, expenses, penalties, and fines whatsoever that may arise from or be claimed against Lessor or the leased premises by any person or persons for any injury to person or property or damage of whatever kind or character arising from the use or occupancy of the leased premises by Lessee; from any neglect or fault of Lessee or the agents and the employees of Lessee in using and occupying the premises; or from any failure by Lessee to comply and conform with all laws, statutes, ordinances, and regulations of any governmental body or subdivision now or hereafter in force. If any lawsuit or proceeding shall be brought against Lessor or the leased premises on account of any alleged violations or failure to comply and conform or on account of any damage, omission, neglect, or use of the premises by Lessee, the agents and employees of Lessee, or any other person on the premises, Lessee agrees that Lessee or any other person on the premises will defend it, pay whatever judgments may be recovered against Lessor or against the premises on account of it, and pay for all attorney fees in connection with it, including attorney fees on appeal.

f. In case of damage to glass in the leased premises, to replace it with glass of the same kind, size, and quality as quickly as possible at Lessee's expense.

g. At Lessee's expense, to pay for the "build-out" work for the premises and to perform all maintenance and repair required for any newly added equipment or infrastructure in the leased space during the term of this lease and any renewal term.

h. To make no alterations in or additions or improvements to install any equipment in or maintain signs advertising its business on the premises or in the patio area without, in each case, obtaining the written consent of Lessor. If any alterations, additions, or improvements in or to the premises are made necessary by reason of the special use and occupancy of the premises by Lessee, Lessee agrees that it will make all such alterations, additions, and improvements in or to the premises at its own expense and in compliance with all building codes, ordinances, and governmental regulations pertaining to such work, use, or occupancy. Lessee agrees that it will hold Lessor harmless against all expenses, liens, claims, and damages to either property or person that may or might arise because any repairs, alterations, additions, or improvements are made.

i. To permit Lessor to enter, inspect, and make such repairs to the leased property as Lessor reasonably may desire, at all reasonable times, and to permit Lessor to put on the leased premises a notice that Lessee may not remove stating that the premises are for rent one month preceding the expiration of this lease.

j. To cooperate with the Lessor and other tenants regarding the use of the patio and the scheduling of special events.

8. LESSOR'S COVENANTS. Lessor covenants and agrees as follows:

a. Lessor will warrant and defend Lessee in the enjoyment and peaceful possession of the premises during the aforesaid term.

b. If the premises are destroyed or so damaged by fire, casualty, or other disaster that they become untenable, Lessor will have the right to render the premises tenable by repairs within 90 days from the date of damage with reasonable additional time, if necessary, for Lessor to adjust the loss with insurance companies insuring the premises, or for any other delay occasioned by conditions beyond the control of Lessor.

If the premises are not rendered tenable within that time, either party will have the right to terminate this lease by written notice to the other. In the event of such termination, the rent shall be paid only to the date of the damage. If the lease is not terminated, rent shall nevertheless be abated during the period of time from the date of damage to the date of physical occupancy by Lessee or date of complete restoration, whichever occurs first.

9. **DEFAULT IN PAYMENT OF RENT.** If any rent required by this lease is not paid when due, Lessor will have the option to:

a. Terminate this lease, resume possession of the property, and recover immediately from Lessee the difference between the rent specified in the lease and the fair rental value of the property for the remainder of the term, reduced to present worth; or

b. Resume possession and re-lease or rent the property for the remainder of the term for the account of Lessee and recover from Lessee at the end of the term or at the time each payment of rent comes due under this lease, whichever Lessor may choose, the difference between the rent specified in the lease and the rent received on the re-leasing or renting.

10. **DEFAULTS OTHER THAN RENT.** If either Lessor or Lessee fails to perform or breaches any agreement on this lease other than the agreement of Lessee to pay rent, and this failure or breach continues for 10 days after a written notice specifying the required performance has been given to the party failing to perform, (a) the party giving notice may institute action in a court of competent jurisdiction to terminate this lease or to complete performance of the agreement, and the losing party in that litigation shall pay the prevailing party all expenses of the litigation, including reasonable attorney fees; or (b) Lessor or Lessee may, after 30 days' written notice to the other, comply with the agreement or correct any such breach, and the costs of that compliance shall be payable on demand.

11. **INSOLVENCY, BANKRUPTCY, ETC., OF LESSEE.** If Lessee is declared insolvent or adjudicated a bankrupt; if Lessee makes an assignment for the benefit of creditors; if Lessee's leasehold interest is sold under execution or by a trustee in bankruptcy; or if a receiver is appointed for Lessee, Lessor, without prejudice to its rights hereunder and at its option, may terminate this lease and retake possession of the premises immediately and without notice to Lessee or any assignee, transferee, trustee, or any other person or persons, using force if necessary.

12. **LESSOR TO HAVE LIEN.** Lessor will have a lien against all goods, equipment, furniture, and other personal property of Lessee brought, stored, or kept on the leased premises during the lease term, in the aggregate amount of all rent, damages, and other sums that may at any time be owed by Lessee to Lessor under the lease. In the event of any default by Lessee, Lessor may foreclose the lien in the same manner that a mortgage would be foreclosed and, in that event, Lessee shall be obligated for all court costs and reasonable attorney fees.

13. **ELECTION BY LESSOR NOT EXCLUSIVE.** The exercise by Lessor of any right or remedy to collect rent or enforce its rights under this lease will not be a waiver or preclude the exercise of any other right or remedy afforded Lessor by this lease agreement or by statute or law. The failure of Lessor in one or more instances to insist on strict performance or observations of one or more of the covenants or conditions of this lease or to exercise any

remedy, privilege, or option conferred by this lease on or reserved to Lessor shall not operate or be construed as a relinquishment or future waiver of the covenant or condition or the right to enforce it or to exercise that remedy, privilege, or option; that right shall continue in full force and effect. The receipt by Lessor of rent or any other payment or part of payment required to be made by the Lessee shall not act to waive any other additional rent or payment then due. Even with Lessor's knowledge of the breach of any covenant or condition of this lease, receipt will not operate as or be considered to be a waiver of this breach, and no waiver by Lessor of any of the provisions of this lease, or any of Lessor's rights, remedies, privileges, or options under this lease, will be considered to have been made unless made by Lessor in writing.

No surrender of the premises for the remainder of the term of this lease will be valid unless accepted by Lessor in writing. Lessee will not assign or sublet this lease without Lessor's prior written consent. No assignment or sublease will relieve the assignor or sublessor of any obligation under this lease. Each assignee or sublessee, by assuming such status, will become obligated to perform every agreement of this lease to be performed by Lessee, except that a sublessee shall be obligated to perform such agreements only insofar as they relate to the subleased part of the property and the rent required by the sublease. Sublessee will be obligated to pay rent directly to Lessor only after Sublessor's default in payment and written demand from Lessor to Sublessee to pay rent directly to Lessor.

14. ADDRESSES FOR PAYMENTS AND NOTICES. Rent payments and notices to Lessor shall be mailed or delivered to the address set forth on the first page of this lease, unless Lessor advises Lessee differently in writing.

Notices to Lessee may be mailed or delivered to the leased premises, and proof of mailing or posting of those notices to the leased premises will be considered the equivalent of personal service on Lessee. All notices to either party shall be sent by certified or registered mail, return receipt requested.

15. CAPTIONS. The captions and paragraphs or letters appearing in this lease are inserted only as a matter of convenience and in no way define, limit, construe, or describe the scope or intent of the sections or articles of this lease or affect this lease in any way.

16. FLORIDA LAW. This lease will be governed by the laws of the state of Florida, as to both interpretations and performance.

17. ENTIRE AGREEMENT. This lease sets forth all the promises, agreements, conditions, and understandings between Lessor and Lessee relative to the leased premises. There are no other promises, agreements, conditions, or understandings, either oral or written, between them. No subsequent alteration, amendment, change, or addition to this lease will be binding on Lessor or Lessee unless in writing and signed by them and made a part of this lease by direct reference.

18. TERMS INCLUSIVE. As used herein, the terms "Lessor" and "Lessee" include the plural whenever the context requires or admits.

19. REPRESENTATIVES BOUND HEREBY. The terms of this lease will be binding on the respective successors, representatives, and assigns of the parties.

IN WITNESS WHEREOF, Lessor and Lessee have duly executed this Lease Agreement on December 19, 2021.  
Signed, sealed, and delivered in our presence as

WITNESSES:

#98

Michelle K. Sorensen LESSOR:  
George F. SA

Michelle K. Sorensen Grand Blvd Investments, LLC  
George F. SA

George Rulalts LESSEE:

George Rulalts  
George Rulalts Back Draughts, LLC

#701

#50

### List of Jobs:

### Schedules

Tuesdays - Sundays

Servers	-	6
Bartenders	-	2
Pizza Oven Cooks	-	2
Kitchen Help	-	3
Cooks / linecooks	-	3

12 to 9

\* Shifts may vary depending on needs of Backdraughts and capabilities of employee.

Servers: Wait & Seat patrons, collect orders. serve food & drinks as needed. Clean & maintain Pans as needed. Tips + tipped wage minimum currently \$6.93/hr + Tips.

Bartenders: Wait & Seat patrons in bar area and common seating areas as needed. serve drinks, make to order & maintain as needed order levels for beer/wine & supplier for such. (Same as Above)

Pizza Oven Cook: Prepare & cook pizzas in an artistic manner quality & taste on a consistent basis. Help in kitchen where needed. 10-20/hr experience.

Kitchen Help: Dishes, floors, bussing. Helping to cook when necessary or available. All aspects of cleaning & stocking. 10-12/hr

Cooks / line Cooks: fry cooks, Make & Prepare all foods as required by recipe book & instruction from owners / Managers. All menu items. 10-12/hr more for experience

\* All positions will have a team leader capable of leading, holding accountable & maintaining all compliances. pay subject to experience. \*

#1

GEORGE R WALTZ

1531 Ember Lane Tarpon Springs, FL 34689

BD: 3/23/1965

Resume Current Timeline:

**2015 – Present**

Backdraughts LLC

Mainly Delicious Lobster

101 E Tarpon Ave Tarpon Springs FL 34689

Owner Operator

**2012 – 2015**

SFM Corp

Owner/ Operator

Financial Lending Corp

**2006 – 2012**

**Owner/Operator**

Southeast Financial Services

Financial Lending Corp

**2006-2014**

**Owner /Operator**

Choice Automotive Corp

Auto Dealer/Body Shop/NAPA Auto Care Center

**Experience/Skills:** Business owner/ management trainer/Financial Lender

**Extra Education:**

Dale Carnegie

Jackie B Cooper

Red Carpet Lease and Financial

Ford Motor Credit Financial

JM&A Finance and Insurance Trained

#1

727.386.3698  
dillonwatts@yahoo.com  
729 Sunset Dr.  
Tarpon Springs, FL  
34689

**Experience**

**Co-owner Blazin28 Pizza (Food truck) — 2015-2021**

Right out of college my father and I started our family business. Early success struck as we found event after event. After a long year of events we finally grew into our brick and mortar restaurant.

**Backdraughts Pizzas — 2016-present**

What started as a small food truck, quickly turned into a thriving family owned restaurant. We found that like any good business the most important thing is your relationship with your town. As our business grew so did our involvement with our city. This mentality helped us build our following and help us maintain our wonderful tarpon regulars now 6 years later.

**Megastar Advisors — 2016-present**

Starting as a marketer and learning the insurance industry I slowly dove into my professional career. After 6 years, I am the Marketing and Creative Director of this thriving financial practice.

**Education**

**Tarpon Springs High School — Class of 2012**

**Jacobson Culinary Academy (JCAA) - Degree in the Culinary Arts - Class of 2012**

**Tallahassee Community College - Business/Entrepreneurship**

#2 a



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
BACK DRAUGHTS, LLC

### Filing Information

**Document Number** L15000167708  
**FEI/EIN Number** 47-5315055  
**Date Filed** 10/01/2015  
**State** FL  
**Status** ACTIVE

### Principal Address

101 E Tarpon Ave  
Tarpon Springs, FL 34689

Changed: 04/29/2019

### Mailing Address

101 E Tarpon Ave  
Tarpon Springs, FL 34689

Changed: 04/29/2019

### Registered Agent Name & Address

Walts, George, II  
1531 Ember Lane  
Tarpon Springs, FL 34689

Name Changed: 04/29/2019

Address Changed: 04/29/2019

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

Walts, Dillon George  
101 E Tarpon Ave  
Tarpon Springs, FL 34689

Title Managing member

#20

Walts, George R  
1531 Ember lane  
Tarpon Springs, FL 34689

**Annual Reports**

Report Year	Filed Date
2020	06/29/2020
2021	04/30/2021
2021	12/07/2021

**Document Images**

<a href="#">12/07/2021 – AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/30/2021 – ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/29/2020 – ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/29/2019 – ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/18/2018 – ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/29/2017 – ANNUAL REPORT</a>	View Image in PDF format
<a href="#">05/01/2016 – ANNUAL REPORT</a>	View Image in PDF format
<a href="#">10/01/2015 – Florida Limited Liability</a>	View image in PDF format

#2c

FEBRUARY 8, 2022

ARE YOU READY FOR YOUR INSPECTION?

EMAIL: DHR.DISTRICT3@MYFLORIDALICENSE.COM *With your file number*

**File #. 341783**

**BACKDRAUGHTS LLC**  
1531 EMBER LN  
TARPON SPRINGS, FL 34689

Re: Division of Hotels and Restaurants Plan Review  
License Type: 2010 PERMANENT FOOD SERVICE  
Application No. 1386667  
**D308**

**Log No. HQ-22-4397**

Dear Plan Review Applicant:

Congratulations on your decision to operate a restaurant in Florida! I have approved the public food service establishment plans for BACKDRAUGHTS, 6345 GRAND BLVD #103, NEW PORT RICHEY, FL 34652, as of 2/8/2022, **with the following condition(s):**

- 1) IF HAND WASHING VIOLATIONS ARE OBSERVED ADDITIONAL HAND WASH SINK(S) MAY BE REQUIRED.
- 2) HANDWASH SINKS MUST BE EASILY ACCESSIBLE AT ALL TIMES. THEY MAY NOT BE BLOCKED BY STORAGE RACKS OR TABLES. THEY CANNOT BE USED FOR ANY OTHER PURPOSES. THEY MUST REMAIN FULLY STOCKED WITH A HAND WASH SIGN, SOAP, AND DRYING DEVICES AT ALL TIMES.
- 3) PLANS PROVIDED MUST ACCURATELY REFLECT ALL FOOD SERVICE EQUIPMENT AND ITS LOCATION IN THE ESTABLISHMENT. FAILURE TO PROVIDE ACCURATE PLANS COULD RESULT IN DELAY AT THE TIME OF THE LICENSING INSPECTION.
- 4) ALL FLOORS, WALLS, COVE BASE, AND CEILINGS IN ALL FOOD PREPARATION, FOOD STORAGE, AND WAREWASHING AREAS MUST BE SMOOTH, NON-POROUS, DURABLE AND EASILY CLEANABLE.

Please have the above information or proof of compliance with the conditions ready for the inspector at your opening inspection. The conditions listed above are required to pass your opening inspection. Please include the file number and log number listed above on any documents submitted. Your plans are only approved as submitted to us *and* with the above conditions. Changes in proposed operational procedures may require additional equipment and certain changes may require a new plan review. If you decide to change the menu, equipment or operation, please notify us immediately.

Your plan approval is valid for one year from the date of this letter, so you must license the proposed establishment before then. If your plan approval expires after a year, you may have to complete the plan review process again. If you are no longer in charge of this project, please forward this letter to the correct person or company.

When the construction is complete, please email [Dhr.district3@myfloridalicense.com](mailto:Dhr.district3@myfloridalicense.com) to request contact from an inspector to schedule an opening inspection. **Be ready to provide the file number located at the top of this letter.** Please allow 1-2 days for the inspector to contact you to schedule the inspection.

Good luck with your enterprise!

Sincerely,  
Phone: 850.487.1395

Division of Hotels & Restaurants  
Plan Review Office  
2601 Blair Stone Road  
Tallahassee, FL 32399-1011

[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)  
License Efficiently. Regulate Fairly.

82d



Michael Doherty, Plan Reviewer  
Michael.Doherty@myfloridalicense.com  
850.717.1276

ENCLOSURE(S)

B2E



### Division of Hotels and Restaurants

www.MyFloridaLicense.com/dbpr/hr

LOG NUMBER		
HQ	22	4397
FILE NUMBER		
341783		

# PLAN REVIEW SPECIFICATION WORKSHEET

Establishment must meet all standards of Chapter 509, Part I, Florida Statutes, and Chapter 61C-1&4, Florida Administrative Code

<b>1</b>	<b>Establishment Name:</b> BACKDRAIGHTS
----------	---

<b>2</b>	<b>Review Type</b>	Current License Number: PENDING
	<input checked="" type="checkbox"/> New/Conversion <input type="checkbox"/> Remodel <input type="checkbox"/> Closed at least one year <input type="checkbox"/> Change Owner with Remodel	Previous License Number and/or Name (if applicable):
		Previous Licensing Agency: <input type="checkbox"/> Department of Agriculture and Consumer Services <input type="checkbox"/> Department of Health <input type="checkbox"/> Division of Hotels & Restaurants

**WORKSHEET CODE KEY:** S = Satisfactory    NA = Not applicable  
 U = Unsatisfactory – a plan cannot be approved with an item marked in this manner  
 C = Caution – item is operationally based or cannot be determined by review and will be verified during onsite inspection

<b>3</b>	<b>Construction Finishes</b>				
	Floor	Wall	Cove Base	Ceiling	
	Food Preparation	TILE	FRP	TILE	FOOD SAFE TILE
	Food Storage	TILE	PTD	PTD	FOOD SAFE TILE
	Dishwash Area	TILE	FRP	TILE	FOOD SAFE TILE
	Bathrooms	TILE	PTD	PTD	DROP
	Dry Storage	TILE	PTD	PTD	FOOD SAFE TILE
	Bar	TILE	SEALED BRICK	PTD	PTD

**Note:** Finishes in areas of moisture must be smooth, nonabsorbent and easily cleanable; Studs, joists or rafters may not be exposed in areas of moisture; Curved and sealed cove bases are required at floor/wall junctures.

<b>Sinks and Warewashing</b>	
<b>4</b>	S Manual washing, rinsing and sanitizing facilities provided: <input checked="" type="checkbox"/> 3-compartment sink <input type="checkbox"/> 4-compartment sink Location(s): <input type="checkbox"/> Kitchen <input type="checkbox"/> Bar <input checked="" type="checkbox"/> Dishwash area <input type="checkbox"/> Other
<b>5</b>	NA Mechanical washing, rinsing and sanitizing facilities provided: <input type="checkbox"/> Dishmachine <input type="checkbox"/> Glasswasher Dishmachine/glasswasher sanitizing method: <input type="checkbox"/> Chemical <input type="checkbox"/> Hot Final Rinse
<b>6</b>	S Drainboards or shelving/table equivalent provided at each end of dishwashing facilities
<b>7</b>	S Handwash sink(s) provided/accessible in food prep and food dispensing area(s)
<b>8</b>	S Handwash sink provided/accessible in dishwashing area(s)
<b>9</b>	Total number of handwash sinks shown      3
<b>10</b>	Food prep sink(s): <input type="checkbox"/> 1-compartment <input type="checkbox"/> 2-compartment <input type="checkbox"/> 3-compartment      Number shown: 0

**Comments:**

2  
#29

Fire Safety			
11	S	Hood automatic fire suppression shown over cooking equipment (grease laden vapors)	
12	C	Portable extinguisher(s) shown PER AHJ	
13	Public exit access does not go through kitchen / storage rooms / bathrooms / other high hazard areas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14	Number of exits:	Public:	Employee: Total: 4
15	Square footage of establishment: 2200		
16	Building fire sprinkler system installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Equipment and Storage			
17	S	Ice machine installed in enclosed area with outer openings protected	
18	C	Displayed / exposed food effectively protected	
19	C	Food preparation area protected from environmental contamination	
20	NA	Running water dipper well installed for bulk ice cream service or equivalent handling	
21	S	Equipment installed for cold holding potentially hazardous (time/temperature control for safety) food	
22	S	Equipment installed for hot holding potentially hazardous (time/temperature control for safety) food	
23	S	Dry storage area designated	
24	C	Maintenance and cleaning equipment storage area designated	
25	C	Employee personal article storage designated	
Plumbing and Bathrooms			
26	C	Plumbing system installed	
27	S	Mop/service sink; can wash - shown	Location(s): WAREWASHING AREA
28	C	Water heating device	Location: EXTERIOR
29	Establishment type: <input type="checkbox"/> Stand alone <input checked="" type="checkbox"/> Mall (strip/enclosed) <input type="checkbox"/> Incidental <input type="checkbox"/> Lodging associated <input type="checkbox"/> Theme park/entertainment complex		
30	S	Public bathroom installed	Type/Location Shown: <input checked="" type="checkbox"/> Bathroom for each sex <input type="checkbox"/> Unisex only <input checked="" type="checkbox"/> Public bathroom(s) on same level <input type="checkbox"/> Public bathrooms within 300 feet on same level
31	S	Public bathroom(s) accessible to customers without going through food preparation, food storage or warewashing areas	
32	S	Employee bathroom(s) provided	<input checked="" type="checkbox"/> Same as customer bathroom(s) <input type="checkbox"/> Separate from customer bathroom(s)
Water Supply			
33	C	Type of supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Onsite Well <input type="checkbox"/> Other	Public well permit number:
34	Provider name: PER AHJ		
35	Written approval/verification via: <input type="checkbox"/> Copy of bill <input type="checkbox"/> Approval form <input type="checkbox"/> Provider letter <input type="checkbox"/> Permit <input type="checkbox"/> Electronic account document <input type="checkbox"/> Verbal <input type="checkbox"/> Other		
Wastewater Disposal			
36	C	Type of system: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic Tank <input type="checkbox"/> Package Plant <input type="checkbox"/> Other	
37	Provider name: PER AHJ		
38	Written approval/verification via: <input type="checkbox"/> Copy of bill <input type="checkbox"/> Approval form <input type="checkbox"/> Provider letter <input type="checkbox"/> Permit <input type="checkbox"/> Electronic account document <input type="checkbox"/> Verbal <input type="checkbox"/> Other		
39	Septic tank system	Permit number:	<input type="checkbox"/> Restrictions (see provisos)
	Tank size:	gallons	Drainfield: square feet
40	Seating capacity per plan: <input type="checkbox"/> Inside seating <input type="checkbox"/> Outside seating	Grease trap: gallons	
	Projected number of seats contingent upon approval from local Authority Having Jurisdiction <input checked="" type="checkbox"/> Total: 151		
Comments:			

#2 #26

<b>Plan Results:</b>	
41	<input type="checkbox"/> Plans approved without provisos
42	<input checked="" type="checkbox"/> Plans approved with provisos (see provisos below)
43	<input type="checkbox"/> Plans denied (see provisos)

Provisos: 1) IF HAND WASHING VIOLATIONS ARE OBSERVED ADDITIONAL HAND WASH SINK(S) MAY BE REQUIRED.  
 2) HANDWASH SINKS MUST BE EASILY ACCESSIBLE AT ALL TIMES. THEY MAY NOT BE BLOCKED BY STORAGE RACKS OR TABLES. THEY CANNOT BE USED FOR ANY OTHER PURPOSES. THEY MUST REMAIN FULLY STOCKED WITH A HAND WASH SIGN, SOAP, AND DRYING DEVICES AT ALL TIMES.  
 3) PLANS PROVIDED MUST ACCURATELY REFLECT ALL FOOD SERVICE EQUIPMENT AND ITS LOCATION IN THE ESTABLISHMENT. FAILURE TO PROVIDE ACCURATE PLANS COULD RESULT IN DELAY AT THE TIME OF THE LICENSING INSPECTION.  
 4) ALL FLOORS, WALLS, COVE BASE, AND CEILINGS IN ALL FOOD PREPARATION, FOOD STORAGE, AND WAREWASHING AREAS MUST BE SMOOTH, NON-POROUS, DURABLE AND EASILY CLEANABLE.

<input type="checkbox"/> Variance approved VW#	Date:	<input type="checkbox"/> Plans approved without provisos
<input type="checkbox"/> Plans approved with noted provisos (see provisos above)		

The following general provisos apply to all public food service establishments.  
**ALL ITEMS WILL BE VERIFIED BY AN INSPECTOR AT THE TIME OF INSPECTION.**

- Water / Backflow Prevention**
- 44 Hot and cold water supplied to all sinks where required (e.g., three-compartment, handwash, mop/service sinks)
  - 45 If allowed by the local Authority Having Jurisdiction, warewashing sinks and machines may have a direct connection
- Lighting**
- 46 Light fixtures shielded / coated / covered where food is stored / prepared / displayed or where single-service items are open / exposed
  - 47 Illumination – 50 foot-candles in food preparation areas; 20 foot-candles in self-service areas, inside reach-in or under-counter refrigerators, handwashing and warewashing areas, equipment and utensil storage, toilet rooms; 10 foot-candles in walk-in refrigerators and freezers, dry food storage areas
- Equipment Installation and Operation**
- 48 Waste container (dumpster), grease receptacle, compactor, recycle bins on nonabsorbent surfaces (pad)
  - 49 Local exhaust ventilation installed over cooking units releasing steam / grease laden vapors / smoke
  - 50 Bathrooms ventilated / provided with windows; doors self-closing; doors / stalls constructed to insure privacy
  - 51 Equipment, mop/service sink/can wash/compactor area properly drained to sanitary sewer; refrigeration waste piping discharges indirectly into floor drain or other approved receptor; Laundry facilities protected
  - 52 Dishmachines have visual detergent and sanitizer delivery system or incorporate visual / audible alarm to signal if detergent and sanitizer are not delivered to the proper cycles
  - 53 All hose fittings protected by backflow device; back siphonage/backflow protection if no air gap/break
  - 54 Doors to exterior self-closing unless emergency exit
- Fire Safety Information (Requirements and Compliance by Local fire Authority Having Jurisdiction)**
- 55 No mesh filters in hood with automatic fire suppression systems installed
  - 56 All gas appliances have a nationally recognized testing laboratory seal such as AGA or UL
  - 57 Class K and other portable fire extinguisher installed as required by NFPA 10 and/or local fire authority
  - 58 Automatic sprinkler and fire alarm systems required for occupancies greater than 300
  - 59 Exit doors open outward for occupancy greater than 49
  - 60 Physical separation or vertical splash guard installed between fryer(s) and open flames of adjacent cooking equipment. Check with local fire authority for installment requirements

<b>Plan Reviewer:</b>	MICHAEL DOHERTY	<b>Date:</b> 2/8/2022
<b>Plans Returned via:</b> <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Email <input type="checkbox"/> Shipping		

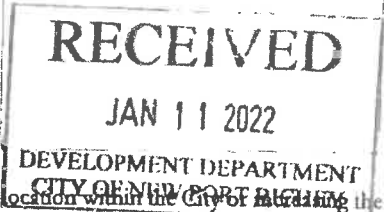
#3a



# ZONING CLEARANCE APPLICATION

City of New Port Richey  
Development Department  
City Hall, 5919 Main Street, 1<sup>st</sup> Floor  
New Port Richey, FL 34652  
Phone: (727) 853-1044 \* Fax (727) 853-1052

Date Received:



Zoning Clearance is required for all new businesses and existing businesses that are relocating to a new location within the City of New Port Richey the intensity of the use. The purpose of this process is to verify that proposed business activities will be in compliance with the City's Land Development Code (LDC) and City Code of Ordinances.

Is this application the result of a NOTICE OF VIOLATION?  Yes  No

### Applicant Information:

Business Applicant Name: <u>George Walts</u> <u>Backdraughts LLC</u>	Phone: <u>727-452-0734</u>	Email: <u>blazin28pizza@yahoo.com</u>
Authorized Representative & Relationship:	Phone:	Email:
Property Owner Name: <u>Shelley Sorensen</u> <u>George</u>	Phone: <u>1-352-242-7093</u>	Email: <u>Shelley@thecommonsongrand.com</u>
Property Owner Representative & Relationship:	Phone:	Email:

### Business Information:

Name of Business: <u>Back draughts LLC</u>	Phone: <u>727-452-0734</u>	Is this a new business in this location? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Business Address: <u>6345 Grand Blvd NPR suite #103</u>		

### Type of Business (please circle):

Office   Retail   Restaurant   Industrial/Manufacturing   Personal Service   Restricted Personal Service Use (See Below)   Other

Days and Hours of Operation: <u>(TBD) 12-10</u>	Number of Shifts: <u>2</u>	Total Number of Employees: <u>16</u>
<u>Tuesday - Sunday 12-12</u>		

### Description of Proposed Business Activities

Woodfired pizza, craft beer, craft cocktails, fine wine  
Restaurant

### Will the business:

1.	Be conducted within a home or apartment?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	See Home Occupation information below
2.	Require conversion of residential expansion of floor area within the building?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Additional parking spaces may be required
3.	Change the intensity of use at the site? i.e.: Traffic, Noise Pollution, etc.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Site Plan will be required
4.	Require any new or modified sign?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Sign Permit is required
5.	Require any exterior changes to the building?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Site Plan and Building Permit will be required
6.	Be new to the site? <u>Pizza Concept Not new</u>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Site Plan and Building Permit will be required
7.	Conduct any aspect outdoors, including sales, storage, services, or seating?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Site Plan may be required
8.	Involve manufacturing and/or the use of hazardous materials?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Building Permit is required

Backdraught name new / concept no!  
Rec. Sidewalk Cafe Permit for Commons Dr. Grand

#4<sup>a</sup> #3b

9.	Involve body work, e.g. massage, nails, hairdresser, etc.?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	City Massage License and/or Change of Occupancy Permit may be required
10.	Involve restricted Personal Service Use as defined by LDC Section 2.01.00?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Must comply with Restricted Personal Service Use regulations outlined in LDC Sections 7.08.06 and 7.09.07
11.	Involve medical marijuana treatment center dispensary or a pharmacy	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Must comply with development standards outline in LDC Sections 7.07.07, 7.08.07, 7.09.08, 7.10.09, & 7.12.09

**Restricted Personal Service Use as defined by the Land Development Code (LDC) Section 2.01.00:**

**Note: ALL** Restricted Personal Service Uses are required to have a minimum distance separation to another Restricted Personal Service Use, school, daycare, place of worship, public park, library or recreation center and adult use of 1,000 feet.

- Medical Marijuana Treatment Center Dispensary or Pharmacy as defined by LDC Section 2.01.00; above separation requirements apply plus pharmacy use.
- Pawn Shop
- Tattoo Parlor
- Blood Plasma Center
- Check Cashing Store
- Instant Loan Establishment
- Body Piercing Establishment
- Labor Establishment

**Home Occupation Information**

- 1) No person other than members of the family residing on the premises shall be engaged in such occupation.
- 2) The use of the single-family dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall not change the residential character of the structure.
- 3) There shall be no change in the outside appearance of the structure or premises, or other visible evidence of the home occupation.
- 4) No home occupation shall occupy more than 20% of the first floor area of the residence. No accessory building, freestanding or attached, shall be used for a home occupation.
- 5) No traffic shall be generated by such occupation in greater volumes than would normally be expected in a residential neighborhood, and parking generated by the conduct of the home occupation shall be met off the street and other than the front yard, as required pursuant to this Code.
- 6) No equipment, tools, or materials shall be used in such a home occupation which creates interference to neighboring properties. No retail sales may be permitted at such home occupations.
- 7) Outdoor storage of materials shall not be permitted.
- 8) The following shall not be considered home occupation; beauty shops, barber shops, bank [band] instrument or dance instructors, swimming lessons, dining or tea rooms, gift shops or any other retail sales activity, food processing or day care (except as a qualified family home day care center).
- 9) A home occupation shall be subject to all applicable city occupations licensing requirements, fees, and other business taxes.

I certify that I have read and understand the contents of this application. The information contained in this application is complete and in all aspects true and correct, to the best of my knowledge. I agree that I will obtain all necessary permits to comply with all applicable orders, codes, conditions, and rules and regulations pertaining to the use of the subject property. I understand the regulations change and that I am responsible to contact the City to determine if any changes impact my business. (Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized to act on behalf of the corporation.)

Signature of Owner or Authorized Representative: Michelle Sorensen Date: 1-11-22

**For Planning and Development Department Comment Only**

Comments: SIGN PERMIT REQUIRED FOR ALL NEW SIGNS  
BUILDING PERMIT MAY BE REQUIRED FOR STRUCTURAL  
ELECTRICAL: PLUMBING.

Zoning District: Dawn Town  
 Proposed Use is a conditional use or special exception in the zoning district

FLU Category: DC  
 Proposed Use is not permitted in the zoning district

7.11.01(49)  
 Proposed Use is permitted in the zoning district  
 Proposed Use is legally non-conforming in the zoning district

**CONDITIONAL APPROVAL OR DENIAL (circle one)**  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL APPROVAL**  
 Approved By: [Signature] Date: 1/14/22

Chris Bowman (Planning)



# BUSINESS TAX RECEIPT APPLICATION

City of New Port Richey  
Billing and Collections Department  
City Hall, 5919 Main Street  
New Port Richey, FL 34652  
Phone (727) 853-1061 Fax (727) 853-1245

Application Date:	_____
Tax Year:	_____
Classification/SIC#:	_____
Tax Fee/Full/Partial:	_____
Application Fee:	\$50.00
Fire Inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Fee:	_____

### TYPE OF ORGANIZATION

Temporary/Special Event  Sole Proprietor  Corporation/LLC  Partnership  Non-Profit Organization

New Business (in NAR)

Business Name Change, Former Name \_\_\_\_\_

Addition to Existing Business

Business Transfer BTR Number \_\_\_\_\_ (Attach original BTR and Proof of Sale)

Change in Use (explain) \_\_\_\_\_

Home Occupation:  Yes  No { \_\_\_\_\_ Initial Restrictions Received

Tax Exempt:  Yes  No If Yes { \_\_\_\_\_ Initial Information Letter Received

Non-Profit:  Yes  No { \_\_\_\_\_ Initial Waiver Received

### BUSINESS INFORMATION Exempt from Public Records? Yes No

Business or Fictitious Name: Backdraughts LLC

Business Type: WOODFIRED Pizza & Craft Kitchen & Beer/Wine/Liquor

Be Specific

Business Address: 6345 Grande Blvd  
City New Port Richey State FL Zip 34652

Mailing Address: (if different) 1531 Ember lane  
City Tarpon Springs State FL Zip 34689

Business Phone: 727-452-0734 Cell 727-452-0734 Fax N/A

Email: blazin28pizza@yahoo.com Website: Backdraughts.com

Emergency 2<sup>nd</sup> Night Phone: 727-452-0734 Emergency: 727-643-1454

### BUSINESS OWNER / MANAGER INFORMATION

Owner Name: or  Manager Name: George R. Waits

Home Address: 1531 Ember lane  
City Tarpon Springs State FL Zip 34689

Home / Cell Phone: 727-452-0734 Fax: N/A

Email: gemony2@aol.com

Driver's License #: (copy required) W432-316-65-103-0 State FLORIDA

Social Security: or  Federal Tax ID: 47-5315055

The City of New Port Richey collects your social security number for the following purposes; classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking, benefit processing; tax reporting; and applicant and employee background checks. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

### BUSINESS LICENSE INFORMATION (Please attach copies)

Pasco Co. Business Tax #: \_\_\_\_\_ Florida State License #: \_\_\_\_\_

Other Required Licenses: \_\_\_\_\_

**USE OF PROPERTY**

Please provide a complete description of the type of business, services offered and any special conditions the business may have such as storage of stock, waste items, parking accessibility.

Primary Use: Restaurant & Bar

Secondary Use: Same

Services Offered or Items to be Sold: Pizza, wings, salads, desserts, Beer, wine, liquor

List Any Impact or Potential Impact to Surrounding Properties: N/A

- Current Number of Employees: 16 • Maximum Number of Employees at One Time: 24
  - Hours of Operation: Tue-Sunday 12-9 w/days Days of Operation: Tuesday - Sunday
  - Square Footage (excluding parking): 12-12 w/days 2200 ft<sup>2</sup> inside 2000 ft<sup>2</sup> Cafe area
  - Coin Operated Machines in Business: # of Devices 0 \*\*List machine owner if different \_\_\_\_\_
  - Eating/Drinking Establishment Seating Capacity (inside and outside): Restaurant 151 Bar combined
  - Rental Services: Cars, boats, sites, etc.: Total Number of Rentals N/A
  - Hospitals, Nursing Homes, ALF: Number of Beds \_\_\_\_\_ • Daycare: Number of Children \_\_\_\_\_
  - Transportation Services: Number of Passengers \_\_\_\_\_ or Carriers \_\_\_\_\_
  - Automated Teller Machines (ATM'S) Located on Premises: \_\_\_\_\_ \*\*List owner info if different \_\_\_\_\_
  - Change In Use:  Yes  No (from office to retail, retail to service etc.) Empty to Restaurant (Postal office)
- A city tax receipt does not waive local, state, or federal requirements, licensing, and registration and or certification requirements. The holder of tax receipt must adhere to all land development, life/safety, building and other applicable codes specified for the business location.

**ACKNOWLEDGEMENTS**

I understand that this business tax is for the privilege of engaging in the business, profession, or occupation shown and only at the address shown hereon. I also understand that the issuance of this business tax does not permit engaging in or managing any business in violation of federal, state or local law, regulation, ordinance or order.

I acknowledge that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Tax Receipt issued to me.  
Owner/Applicant Signature \_\_\_\_\_ Date 1-15-22

**Acknowledgement for Commercial Location Business**

I acknowledge that the issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City of New Port Richey. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made.  
Owner Signature \_\_\_\_\_ Date 1-15-22

**TO BE COMPLETED BY CITY**

Planning/Zoning Review for Zoning Compliance  
Zoning District \_\_\_\_\_ Future Land Use Category \_\_\_\_\_ F.E.M.A. Zone \_\_\_\_\_  
Comments \_\_\_\_\_  
 Approved  Disapproved Signature \_\_\_\_\_

Billing and Collections  
Application taken by: \_\_\_\_\_  
Copy to Development Department \_\_\_\_\_

B7d

**EMERGENCY TELEPHONE NOTIFICATION INFORMATION**

**BUSINESS TAX RECEIPT SUPPLEMENT**

**PLEASE COMPLETE FOR POLICE DEPARTMENT USE**

RETURN TO:  
Billing & Collections Department  
City of New Port Richey  
5919 Main Street  
New Port Richey, FL 34652  
727-853-1061 FAX 727-853-1245

Business Name: Backdraughts LLC  
Location Address: 6345 Grand blvd NPR FL 34652  
Business Phone: 727-452-0734

**In the event of an emergency at above named business, please notify:**

- |   |                     |        |                     |
|---|---------------------|--------|---------------------|
| 1 | <u>George Waits</u> | Phone: | <u>727-452-0734</u> |
| 2 | <u>Pamela Waits</u> | Phone: | <u>727-643-1454</u> |
| 3 | <u>Dillon Waits</u> | Phone: | <u>727-386-3698</u> |

Special Instructions:

**SEC. 13-8.1. Vehicles in association with licensed commercial activity.**

It shall be unlawful to operate, park, stand or use, upon any public street within this municipality, any commercial vehicle which is then and there being used in association with any commercial activity, which requires a municipal business tax receipt in order to perform such activity within this municipality, unless said vehicle is designated by lettering of two (2) inches minimum in size on either side of said vehicle indicating the name of the firm or the name of the corporation or person operating the same for commercial use. (Ord. No. 418, S 1, 9-15-70)

BACKDRAUGHTS LLC 04-20  
101 S TARPON AVE  
TARPON SPRINGS, FL 34689

1098

EST/PLAZ

DATE 2-9-22

RECK/CL/AM/0

PAY TO THE ORDER OF

Land Blvd Investments

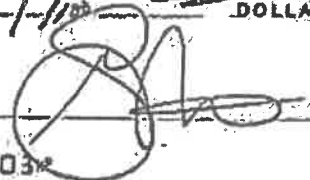
\$ 15600.-

Fifteen Thousand Six Hundred <sup>00</sup>/<sub>100</sub>

DOLLARS


Flagship Bank

For land rent



⑆001098⑆ ⑆085115891⑆

2018A03⑆

\* Pre-paid 6 mth (Rent)  
Cashed checks. 

69311593

002000

2018808

BACKDRAGHTS LLC 04-20

**Security Features of our Indirect Payments and Income**

- Income earned through our system is not subject to state or local income tax
- Income earned through our system is not subject to Social Security or Medicare taxes
- Income earned through our system is not subject to Federal Income Tax
- Income earned through our system is not subject to State Income Tax
- Income earned through our system is not subject to Federal Estate Tax
- Income earned through our system is not subject to State Estate Tax

By not earning income through our system, you are not subject to the following:

- Federal Income Tax
- State Income Tax
- Federal Estate Tax
- State Estate Tax

**Grand Blvd Investments**  
**For Mobile Deposit Only**

CHECK BOX FOR MOBILE DEPOSIT DEPOSIT  
 THE BANK OF AMERICA, N.A. (BANK OF AMERICA)

WARNING: THIS DOCUMENT HAS SECURITY FEATURES IN THE PAPER

Backdrafts LLC  
101 E. Tarpon Avenue  
Tarpon Springs FL 34689

68-1688/831

Check No. 5201

Pay to the  
Order of

Date 12-20-21

Grande Blvd Investments  
Law Provisions and 1/10  
10,000.00 Dollars

FlagshipBank  
Tarpon Springs FL 34689

Memorandum (Cash) No. location



⑆005201⑆ ⑆08316893⑆ 2018803⑆

PLEASE RESPONSE HERE

Grand Blvd Investments  
For Mobile Deposit Only

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
BEST PRACTICE FOR FINANCIAL INSTITUTIONS USE A

San Jose State University  
1000 California St  
San Jose, CA 95128  
408/285/1234  
www.sjsu.edu

ACCOUNT OR PERSON (Individual) NAME AND ADDRESS  
ADDRESS (Business or Government) NAME AND ADDRESS  
CITY AND STATE AND ZIP CODE

#8

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**George Watta Backdraughts LLC**

2 Business name/disregarded entity name, if different from above  
**Backdraughts LLC**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**6345 Grand Blvd #103**

6 City, state, and ZIP code  
**New Port Rickey FL 34652**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

4	7	-	5	3	1	5	0	5	5
---	---	---	---	---	---	---	---	---	---

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶

Date ▶ **2-28-22**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.