

DOWNTOWN DEVELOPMENT AUTHORITY DISTRICT

BUSINESS INFORMATION

Business Name:

Address:

Suite:

City:

State:

ZIP Code:

Own ☐ Rent ☐ (If renting please provide property owner information)

PRIMARY CONTACT

First:

Last:

Title:

Work Phone:

Cell Phone:

E-mail:

SECONDARY CONTACT

First:

Last:

Title:

Work Phone:

Cell Phone:

E-mail:

BUSINESS STATUS

Category: ☐ Retail ☐ Restaurant ☐ Office ☐ Medical Office ☐ Salon/Beauty/Spa ☐ Fitness Studio/Gym
☐ Art gallery/Studio ☐ Manufacturing/Industrial ☐ Convenience Store ☐ Nonprofit ☐ Hotel/Motel

Date Opened:

Date Closed:

Credit Cards accepted: ☐ Amex ☐ Disc ☐ MC ☐ Visa

HOURS OF OPERATION

	MON	TUE	WED	THU	FRI	SAT	SUN
Open							
Closed							

Notes:

BUSINESS JOB INFORMATION

	Total Jobs	Morning	Mid-day	Sun-Thu	Fri-Sat	Night	Late Night
Full Time							
Part Time							

Notes:

RESTAURANT JOB INFORMATION

	Morning 6-11:45am	Mid-day 12-4:45pm	Sun-Thu 5-9:45pm	Fri-Sat 5-9:45pm	Night 10-1:45am	Late Night 2-5:45am	Closing Time
Full Time							
Part Time							

Total Occupancy IN/OUT seats:

Notes:

EMPLOYEE PARKING INFORMATION

Parking type: ☐ On-site ☐ Street

Total Cars:

Total Bikes:

CUSTOMER PARKING INFORMATION

Parking type: ☐ On-site ☐ Street ☐ Valet

Total Cars:

Total Bikes:

PROPERTY INFORMATION

Property ID:

Sq Feet Total:

Public Restrooms:

Open Date:

Sq Feet 1st Floor:

Sq Feet 2nd Floor:

Close Date:

FOR OFFICE USE ONLY

Contact ID:

SIC Code:

Cluster:

Block:

RETURN FORM TO: DDA@DowntownDelrayBeach.com

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