



Hire DFB Incentive Program Application Form

Business Name: _____ 6 Digit NAICS Code: _____
 Federal Tax ID #: _____ City Business License #: _____
 Physical Address: _____
 Contact Person's Name: _____ Title: _____
 Contact Person's Email: _____ Phone: _____
 Detailed description of Business Activity: _____

Reason for adding the new jobs: _____

Current Number of Employees: _____ Full time: _____ Part-time: _____

Number of Local Hires _____ (current employees whose home address is within Zip Codes 33441, 33442 and 33064 within the incorporated city limits of the City of Deerfield Beach)

Proposed Number of New Local Hires: _____ Salary Range: _____

Job Title(s) of New Local Hires:	Salary Range
_____	_____
_____	_____
_____	_____

I certify to the hiring of _____ Deerfield Beach Residents for a period of no less than six (6) months with starting dates of employment starting within 3 months of application approval, and with regular employment of 35 or more hours per week on average.

The information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the terms of the Florida Public Records Act.

Signature of Official or Authorized Representative

Date

Printed Name

Position