
**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Demetree Chiropractic Mini-Grant Application

DEPARTMENT: Planning and Development **DIVISION:** Community Redevelopment Agency

AUTHORIZED BY: Dori DeBord

CONTACT: John G. Metsopoulos

EXT: 7133

MOTION/RECOMMENDATION:

1. Approve and authorize the Chairman to execute the US 17-92 CRA Mini-Grant Agreement between the CRA and Demetree Chiropractic; and authorize the Chairman to execute a resolution implementing a Budget Amendment Request through the Community Redevelopment Fund in the amount of \$2,950; or
2. Deny the US 17-92 CRA Mini-Grant Agreement between the CRA and Demetree Chiropractic; or
3. Continue to a time and date certain.

County-wide

John G. Metsopoulos

BACKGROUND:

The request from Demetree Chiropractic is being presented for consideration under the CRA Mini-Grant Program.

The purpose of the grant is to replace the existing sign with a monument style sign. The business is located within the City of Sanford. The new sign meets all zoning requirements of the City. Originally the applicant was considering a Light Emitting Display (LED) sign as reflected in the supporting documentation; however, since submitting the application, the applicant has decided not to move forward with the LED component.

TAC RECOMMENDATION:

At their February 25 meeting, the Technical Advisory Committee (TAC) reviewed the proposal and recommended approval in the amount of \$2,750*.

RPA RECOMMENDATION:

At their March 12 meeting, the RPA reviewed the proposal and voted unanimously to recommend approval in the amount of \$2,750*.

*Subsequent to TAC/RPA approval, the client has asked for an additional \$200 in grant funds to cover costs of concrete demolition and removal. This request was not included in the original grant application submitted to the TAC and RPA for consideration as the client did not realize that it was a reimbursable expense. This brings the grant total from the TAC/RPA-approved amount of \$2,750 to a new total of \$2,950. Staff has reviewed the application and attests that it meets all criteria set forth in the program.

STAFF RECOMMENDATION:

Staff recommends the CRA authorize the Chairman to execute the US 17-92 CRA Mini - Grant Agreement between the CRA and Demetree Chiropractic; and authorize the Chairman to execute a resolution implementing a Budget Amendment Request through the Community Redevelopment Fund in the amount of \$2,950.

ATTACHMENTS:

1. Grant Application
2. Project Cost Estimates
3. Taxes & Occupational Liense
4. Rendition & Scope
5. Site Location & Map
6. Services Offered
7. BAR 09-37 Demetree Chiropractic

Additionally Reviewed By:

- Budget Review (Betty Newton, Lisa Spriggs)
- County Attorney Review (Ann Colby)



US 17-92 CRA Mini Grant Program

Information & Application
Fiscal Year 2008-2009

RECEIVED

FEB 11 2009

SEMINOLE COUNTY PLANNING

GRANT

US 17-92 Community Redevelopment Agency Seminole County, Sanford, Lake Mary, Winter Springs & Casselberry

Purpose:

The purpose of the US 17-92 Community Redevelopment Agency (CRA) Grant Program is to grant funding to encourage improvements to any existing building and to encourage private investment to improve the appearance and functionality of buildings in the US 17-92 Community Redevelopment Area (map attached).

The US 17-92 CRA Grant Program is a program designed to encourage visible exterior improvements to any existing building (residential or commercial) and to encourage private investment within the US 17-92 Community Redevelopment Area. The program provides a dollar-for-dollar match up to \$5,000 of public funds per building to pay for the design and implementation of improvements within the US 17-92 Community Redevelopment Area. Funds are appropriated annually in the US 17-92 CRA budget, and funding is available on a first come-first served basis. The program is subject to the availability of budgeted funds in the US 17-92 CRA budget.

The US 17-92 CRA Grant must support the goals of the Overlay District for the US 17-92 CRA area. Applicants are also encouraged to follow the design guidelines specified and overlay policies in the Seminole County Comprehensive Plan.

Applicants are reminded that grant awards made are discretionary in nature and should not be considered an entitlement. All grant criteria contained herein are guidelines for awards and successful applicants may receive any amount up to the maximum award. Should an applicant meet all grant criteria, a grant may or may not be awarded at the RPA's or CRA's discretion due to funding limitations, competing applications, and/or competing priorities.

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Eligibility Requirements:

The US 17-92 CRA Grant Program is available to businesses and/or property owners that are located within the US 17-92 CRA district. Businesses must be properly licensed through the corresponding agency charged with the applicant's licensing, and applicants must propose a permitted/conforming use within the US 17-92 CRA district.

Applications will not be accepted from property owners (and tenants of property owners) who are delinquent on their taxes. Applicants must not have outstanding code violations or code liens. Additionally, applicants must be current with their occupational licensing requirements.

Eligibility Improvements:

The US 17-92 CRA Grant Program shall provide matching funds for the exterior (street side) improvements that are consistent with the Land Development Code of the political subdivision where they are located, and further the CRA goals outlined in the CRA Master Plan. Funds may be used for the following types of improvements:

- Replacement of windows and door
- Exterior painting or siding as part of an overall façade renovation program. For example, painting is an eligible expense when done in conjunction with changing a flat roof to a pitch roof, or installing dormers, or gables. Painting otherwise is not an eligible expense.
- Exterior signage to remove non-conforming signs and replace with monument style signs
- Landscaping
- Exterior architectural amenities (e.g., addition or improvement of balconies, porches, or staircases)
- Awnings and shutters
- Other exterior (street-side) façade improvements (considered by the US 17-92 CRA on a case-by-case basis)
- Architectural, engineering or landscaping architectural services to design improvements to be funded through this program (maximum of 10% of total improvements)

**NOTE: All architectural designs, materials and colors must be consistent with the standards of the US 17-92 Community Redevelopment Area. Please see Addendum B for a listing of criteria for each of the grant types.*

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Non-eligible Improvements:

The US 17-92 CRA Grant cannot be used to fund interior renovations or electrical work (except exterior lighting).

Available Funding and Matching Requirement:

For signage improvements, up to **\$5,000** shall be available for an individual property on a **dollar for dollar matching** basis (e.g., a grant for \$500 shall require a \$500 match from the property owner).

For exterior façade improvements (*see qualifying improvements list Addendum B*), up to **\$5,000** on a **dollar for dollar matching** basis shall be available for an individual property (e.g., a grant for \$5,000 shall require a match of \$5,000 from the property owner).

For landscaping improvements, up to **\$5,000** on a **dollar for dollar matching** basis, (e.g., a grant for \$5,000 shall require a match of \$5,000).

Application Process and Deadline:

Applications will be accepted on a monthly basis. The application deadline is the 15th of each month. If the 15th of the month falls on the weekend, the deadline is the preceding Friday. Applications will not be reviewed prior to the deadline.

- (1) The applicant receives a US 17-92 CRA Grant Program Application form from The Seminole County Planning Division located at 1101 East First Street, Sanford, FL 32771; or by downloading it from the **RedevelopmentInSeminole.com** website.
- (2) The applicant completes the application and submits it to the CRA Program Manager for processing. The application package includes the following:
 - a. Completed application
 - b. Proof of ownership of the property
 - c. Proof of paid property taxes (current and prior year)
 - d. Copy of Occupational License(s) (current)
 - e. Copies of three (3) cost estimates for the work to be completed
 - f. Photos of areas to be improved
 - g. Rendering or sketch of proposed improvements

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The applicant is responsible for all building and other permits and fees which are associated with the proposed project.

- Applicants are advised to submit a complete application and all supporting materials per the instructions in this packet; the committee will not review incomplete applications.

(3) The Technical Advisory Committee reviews the application according to the program selection criteria and forwards a recommendation to the Redevelopment Planning Agency (RPA), who then provides a recommendation to the US 17-92 CRA.

(4) The US 17-92 CRA takes final action on the grant request. If an application is denied, the applicant may modify the existing application or reapply at a later date for a different project.

(5) The applicant and the US 17-92 CRA shall enter into a contract to specify the obligation of the applicant for grant reimbursement. The contract shall be recorded in the public records of Seminole County, Florida. Prior lien holders may be required to subrogate their lien interests as a condition of the grant.

- Please note that **applications must be submitted BEFORE work begins.** Applicant assumes all financial liabilities for work initiated prior to the approval of the Grant by the CRA

The Cities and County are required to file informational returns (Form 1099-G) for individuals and entities receiving grants from the US 17-92 CRA. This information is confidential and will only be used for informational reporting purposes. Grant recipients must sign and return Substitute W9 form to the City/County before funds can be distributed.

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- (6) Upon completion of the improvements, final inspection and approval by the US 17-92 CRA Program Manager, and issuance of a Certificate of Occupancy (if applicable), the applicant submits a “reimbursement package” to the US 17-92 CRA which includes the following:
- a. Completed reimbursement form (provided by the US 17-92 CRA)
 - b. Copies of applicable invoices or receipts;
 - c. Proof of payment for improvements (which must be at least as much as the amount indicated in the application); and
 - d. Photos of improvements (before and after).

Applicants will receive grant funding after the project is completed and all associated costs have been paid. It is the responsibility of the Applicant to maintain proper documentation of funds expended in the course of completing the project. Release of funds is subject to submission of this documentation to the US 17-92 CRA Program Manager by the applicant. The project must be completed essentially as presented to the US 17-92 CRA in order to receive payment. At approximately the midpoint of the project, the applicant will give an update to the RPA on the progress of the project either in writing or in person. The CRA reserves the right to make on-site inspections throughout the course of the project.

- Acceptable documentation is defined as PAID invoices/statements and/or schedule of values from vendors clearly detailing the work done for the project.

If the project is not completed, is not approved in its final inspection, or does not receive its Certificate of Occupancy (if applicable) within one year of award, the grant shall expire.

- Applicants have 12 months from the completion date of the project to file for reimbursement according to procedures set forth within the contract. The CRA will not be responsible to inform the applicants of this deadline.

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If you have more than one project:

Grant applications will not be considered if the single building under the same ownership has received maximum grant funds within the same category for a period of five years.

The following selection criteria will be used to review and rate applications for the US 17-92 CRA Grant Program. Criteria are derived from the goals and objectives of the US 17-92 CRA's adopted Redevelopment Plan as well as the adopted Comprehensive Plan of the political subdivision in which the project is located.

Quality of Site Design and Materials: Degree to which the proposed project promotes the adopted Redevelopment Plan and promotes harmony with neighboring structures through the implementation of the Land Development Code.

- (1) **Streetscape Aesthetics and Functionality:** Degree to which the proposed project enhances the streetscape of US 17-92, including the addition or enhancement of display windows, awnings, landscaping, exterior handicapped accessibility and architectural amenities such as arcades, balconies and porches.
- (2) **Increased Safety:** Degree to which the proposed project will promote safety by easily identifying the business for customers and emergency services.
- (3) **Removal of Slum and Blight:** Degree to which the proposed project upgrades or eliminates substandard structures or eliminates non-conforming uses.

Disclaimer:

Neither the City of Sanford, nor the City of Lake Mary, nor the City of Winter Springs, nor the City of Casselberry nor Seminole County, shall be responsible for the planning, design, or construction to the property that is owned by the applicant. No warranties or guarantees are expressed or implied by the description of, application for or participation in the US 17-92 CRA Grant Program. The applicant is advised to consult with licensed architects, engineers, or building contractors before proceeding with final plans or construction.

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0008
(For Official Use Only)

GRANT PROGRAM
APPLICATION

Date 02/11/2009

IF APPLICANT IS PROPERTY OWNER

Owner's Name Matthew C. Demetree
Corporate Name LUCAS PLACE II, LLC
Property Address (Project Location):
3505 S. Orlando Dr. Sanford FL 32773
Phone 407-324-8227 Fax 407-324-8998
Contact Person Dr. Matthew Demetree
E-mail drmdemetree@telbouth.net

IF APPLICANT IS BUSINESS OWNER

Owner's Name _____
Corporate Name _____
Property Address (Project Location): _____
Phone _____ Fax _____
Contact Person _____
E-mail _____

What type of grant(s) are you applying for ?

Check all that apply.

- Sign Landscape Façade

PROJECT AND FINANCIAL ASSISTANCE REQUESTED

Describe Proposed Improvement(s):

the construction of monument sign approximately 4'x8' with a brick planter with interchangeable text to help educate and inform, and to improve the overall appearance along the 17-92 corridor

Describe the Proposed Businesses or Services Offered on Site:

Chiropractic medicine, physiotherapy, massage, therapy, nutritional education, plain film radiological services = physical therapy

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Please Identify ways in which this project supports the CRA Master Plan:

The construction of a new monument sign will improve the overall appearance of not only the facility where it will be constructed, but will help beautify Sanford & Seminole County & help encourage private investment within the community

Total Project Cost 5,500 Total Funding Request 2,750

Will Additional Jobs be Created Upon Completion of Project? Yes X No

If Yes, How Many? 0

Submittals

Applications **must** include the following materials, if applicable, for consideration by the US 17-92 CRA:

- Current photo(s) of project site
- Property Appraiser Parcel ID number and proof of paid property taxes
- Applicant Information
- Listing of businesses or services offered on site
- Description of proposed improvements
- Identification of project's support of the CRA Master Plan
- Current Occupational License
- Rendering or sketch of proposed improvements
- Color and Material samples
- Sign/Awning design drawings and/or plans
- Documentation of cost estimates – copies of vendor bids, estimates, etc
- Signature of Property Owner and Applicant

Applications lacking sufficient materials to describe the project will NOT be reviewed.

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I, Matthew C. Demetree attest that the information contained herein is correct to the best of my knowledge. I further understand that the Mini-Grant Program benefits are contingent upon funding availability and US 17-92 CRA approval and are not to be construed as an entitlement or right of a property owner or applicant. Properties within the designated US 17-92 CRA boundary are not eligible for US 17-92 CRA funded programs when such funding conflicts with the goals expressed in the US 17-92 CRA Community Redevelopment Plan. I further understand that I am responsible for providing construction documents and/or permits required for any work.



Signature of Property Owner



Signature of Business Owner

Dr. Matthew Demetree for
Print Name Lucas Place II LLC

Dr. Matthew Demetree
Print Name

Note: Must submit Addendum B along with application. If applicant is leasing from property owner, Applicant must submit Addendum A with Application.

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Addendum A

Date: _____
To: US 17-92 CRA
Community Redevelopment Agency
From: _____
(Property Owner)

Subject: Permission for Façade/Sign/Landscaping Program Improvements

As the owner of _____, I give my tenant,
_____, permission to participate in the US 17-92
CRA Façade/Sign/Landscaping Program, as detailed in the Façade/Sign/Landscaping Program Application.

Property Owner's Signature

Property Owner's Name Printed

STATE OF FLORIDA:
COUNTY OF SEMINOLE:

The foregoing instrument was acknowledged before me this _____ day of _____,
200____, by _____. He/She is personally known to
me or has produced _____ as identification and did not
(did) take an oath.

(SEAL)

Notary Public, State of Florida, (Signature of
Notary taking acknowledgement)

Name of Notary Typed, Printed or Stamped

My Commission Expires:

Commission Number

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Addendum B

Matching Sign

Funding Structure:

Matching dollar for dollar expenditure after work is completed. Limit of \$5,000 per parcel.

Criteria for Program:

Guidelines:

- Only one Matching Sign Grant will be awarded per business/ structure.
- Property taxes must be current.
- Occupational licensees must be current.
- The property cannot have any outstanding code or zoning violations.
- Plans & design must be submitted to RPA for review.
- Must meet all applicable ordinances, regulations and permitting requirements.
- Must be a monument style sign.
- Project needs to work with whole building.
- Color scheme should harmonize.
- All grant applications must be accompanied by three estimates.
- Must meet all applicable ordinances.

Boundaries:

US 17-92 CRA District

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Addendum B cont.

Façade Rehabilitation

Funding Structure:

Matching dollar for dollar or percentage of total expenditure after grant is approved and work is complete. Limit of up to \$5,000 dollar for dollar, thereafter 10% of total costs for façade work (exterior) per business.

Criteria for Program:

- Only one Façade Rehabilitation Grant will be awarded per business.
- Building must be structurally sound
- Property taxes must be current.
- Occupational licensees must be current.
- The property cannot have any outstanding code or zoning violations.
- Plans & design must be submitted to RPA for review.
- Must maintain in its approved design for a minimum period of 5 years.
- All grant applications must be accompanied by three estimates.
- Must meet all applicable ordinances, regulations and permitting requirements.

Ineligible Improvements:

- Interior improvements
- Electrical work (except exterior lighting)

Boundaries:

US 17-92 CRA District

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Addendum B Cont.

Landscape

Funding Structure:

Matching dollar for dollar or percentage of total expenditure after work is completed. Limit of up to \$5,000 dollar for dollar, thereafter 20% of overall landscaping costs per property.

Criteria for Program:

- Plans & design must be submitted to RPA for review.
- All property taxes must be current.
- The property cannot have any code or zoning violations.
- Occupational licensees must be current
- Must maintain approved design for a minimum period of 3 years.
- Must meet all applicable ordinances, regulations and permitting requirements.
- Only one Landscape Grant will be awarded per property.

Ineligible Improvements:

- Irrigation (except reclaimed water systems)

Boundaries:

US 17-92 CRA District

GRANT

This Section for Official Use Only

Date Reviewed by TAC: _____

Recommendation to US 17-92 RRA: _____

Date Reviewed by RPA: _____

Recommendation to US 17-92 CRA: _____

Action by US 17-92 CRA: _____

Amount approved: _____

**Release of Funds authorized by*

US 17-92 CRA Program Manager: _____

***Release of funds only occurs after the US 17-92 Program Manager has verified that all conditions of the contract, and grant application have been satisfied.**

White Sign

P.O.Box 1001

Sanford, FL 32772

407-342-7887

Proposal/ Acceptance

Demetree Chiropractic
3505 S. Orlando Ave.
Sanford, Fl. 32773

January 23, 2009

Dr. David Demetree

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

Manufacture, permit and install of one 4 x 8 internally illuminated sign with digital print, pan faces and 2 lines of change copy and 1 box of 300 6" change letters.

Total Project: \$6,000.00

White Sign Co. will be responsible for concrete footer, brick work and final electrical hook-up. Sign will be manufactured with digital reader board in mind for future install.

Reader board cost \$7000.00

Please allow 4-6 weeks for completion upon signed proposal, approved artwork, permits and appropriate (50%) deposit. Thank you.

WE PROPOSE HEREBY TO FURNISH MATERIAL AND LABOR, COMPLETE IN ACCORDANCE WITH ABOVE SPECIFICATIONS, FOR THE SUM OF:

\$ 3000.00down / \$3000.00 when completed _____ DOLLARS (\$6000.00)

PA YMENT TO BE MADE AS FOLLOWS:

50 percent down and balance on completion.

Joel White

ACCEPTANCE OF PROPOSAL

BY:

Note: This proposal may be withdrawn
By White Signs if not accepted within
10 days.

The above prices, specifications, terms, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____ By: _____

03-13-2009 12:16 JOEL 3213634902

PAGE1

White Sign Co.
400 NORTH STREET
SUITE 104
LONGWOOD, FL 32750

VENDOR # 204622

Invoice

Date 1/23/2009

Invoice # 800

PAID

Bill To

Demetree Chiropractic
3505 S. Orlando Ave.
Sanford, FL 32773

STORE INFORMATION

TRACKING NUMBER

Item	Description	Qty	Price	Amount
PER BID	Manufacture permit and install of 1 4'x8' monument sign.	1	5,500.00	5,500.00
	Excavation of concrete	1	400.00	400.00

Subtotal	\$5,900.00
Sales Tax (7.0%)	50.00
Total	\$5,900.00
Payments/Credits	\$-5,900.00
Balance Due	\$0.00

White Sign Co.
jwhitesigns@yahoo.com

407-342-7887
Fax 407-331-4443



COMPLETE & SEND TO: DOROTHY SNOW
15933 CLAYTON ROAD, SUITE 200, BALLWIN, MO 63011-2146
TOLL FREE: (800) 829-9411 / DIRECT: (636) 779-8307
CELL: (314) 913-6431 / FAX: (636) 557-1150
EMAIL: DSNOW@BPOP.COM

Express Lease Application

drmdemetree@bellsouth.net

Applicant Information:

Business Name: Matthew C. Demetree, D.C. PA.
DBA:
Address: 3505 S. Orlando Drive
City, State, Zip: Sanford Florida 32773
County: Seminole
Yrs. In Business: 10
Business Structure: Proprietorship [] Partnership [] Corporation [] LLC [] PC [] PA [x]

Contact: Dr. Matthew Demetree
Phone #: 407-324-8222
Fax #: 407-324-8998
Email: drmdemetree
Nature of Business: Chiropractic Health Care
Federal ID #:

PRINCIPAL / OWNERS INFORMATION:

1. Matthew C. Demetree
Owner's Full Name
240 S. Crystal Drive
Owner's Address: Sanford FL 32773

Pres
Title
(Y) N
US Citizen?

594-24-3263 2/22/73
Social Security No. DOB
CH 7803
Professional License #

2.
Owner's Full Name
Owner's Address:

Y N
US Citizen?

- - /
Social Security No. DOB
Professional License #

VENDOR & EQUIPMENT INFORMATION:

Vendor Rep: ROBSON SIGNS
Rep Telephone: MIKE WHITE
Equipment Cost (Estimated): \$14,594.00

NO PREPAYMENT PENALTY OR REMAINING FINANCE CHARGES AFTER 24 MONTHS
48Mth \$358.85 60Mth \$299.00
CUSTOMER MAY PUT \$1,000 DOWN 1st PAYMENT DUE AT CONTRACT SIGNING
Term Requested: SEE ABOVE
Approx Pmt.: SEE ABOVE
Purchase Option: \$1.00

IMPORTANT NOTICES ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: Popular Equipment Finance complies with Section 326 of the USA Patriot Act. The law mandates that we request and verify certain information about you and your company.

Acknowledgements & Authorizations: By signing below, you, the credit applicant(s), certify that the information given for credit purposes is true and correct; you authorize Popular Equipment Finance, Inc., its assigns, and any credit bureau or other investigative agency to investigate the references, statements and other information accompanying this application; and, expressly authorizes bank and trade references listed herein to release credit and information requested as part of said investigation.

ECOA Notice: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Credit Disclosure Administrator, Popular Equipment Finance, Inc., 15933 Clayton Rd., Suite 200, Ballwin, MO 63011, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. For assistance from the federal agency that administers compliance with the law concerning this credit, contact Federal Reserve Consumer Help, P.O. Box 1200, Minneapolis, MN 55480.

Signature: [Handwritten Signature]

Date: 12/24/08

Signature: _____

Date: _____

Sign Up Marketing

P.O. Box 794408 Dallas, TX 75379 (972) 713-9909 Fax (972) 713-9598 www.signupmarketing.com

SALES AGREEMENT

This agreement made in duplicate this 20 day of Aug 2007 between S.U.M the "seller" and

Demetree Chiropractic to Drs Matthew + Ron Robinson

NAME OF BUSINESS / OWNER
3505 S. Orlando Dr / 407 324-8222
 ADDRESS PHONE
Sanford FL 32773 " " 8998
 CITY STATE ZIP FAX

Buyer purchases from seller a sign with the following specifications and as per attached work sheet.

QUANTITY OF SIGNS 1 MODEL Nos. 4x8
 SINGLE FACED _____ DOUBLED FACE X
 MOUNTING C/P FLUOR LITE X

demetree@bellsouth.net
15out2@earthlink.net

ALL ELECTRICAL COMPONENTS U.L. APPROVED. SIGN SHIPPED COMPLETE WITH LAMPS, READY FOR INSTALLATION

SPECIAL INSTRUCTIONS:

Art rendering final approval
Subject to everything
16x64 Electronic message center

Show Price	\$ 5850
PURCHASE PRICE	\$20516
OTHER	
SALES TAX	\$
TOTAL	\$ <u>26366</u>
DEPOSIT	588 \$ <u>2636</u>
BALANCE C.O.D.	\$20730
(No Exceptions)	<u>5265</u>
DEPOSIT PAID BY: Check <input type="checkbox"/> Cash <input type="checkbox"/> Lease <input type="checkbox"/>	

Payment must be made to carrier at its place of business. Under no circumstances does The Manufacturer connect any sign to electrical outlet or assume liability or same.

MANUFACTURER AGREES: 1. Upon receipt of order form from Seller, and acceptance thereof by Manufacturer, to manufacture and to deliver the described merchandise to a common carrier at Dallas, Texas in accordance with the terms of sale, subject to delays by strikes, delays by carrier, acts of God, government restrictions, fire or other unforeseen commercial delays.

- The Merchandise above is guaranteed for one year against any imperfections in material or workmanship.
- Manufacturer will not be responsible for any representation, understanding or agreement not specified in writing on the copy of this Agreement as received and accepted by Manufacturer or for any change or alteration in the printed terms.

BUYER AGREES: 1. That the merchandise described herein is not an article of general trade or utility, but is to be designed and is to be constructed for the special distinctive uses and purposes of buyer and is of no value to Seller or Manufacturer.

- That title to the merchandise described passes to buyer upon acceptance of Seller's order by Manufacturer and thereafter Buyer will not cancel this Agreement for any reason whatsoever.
- That the deposit is not refundable for any reason whatsoever. Prior to Product
- That upon delivery of the merchandise described herein, Buyer will promptly accept said merchandise and pay the balance due.
- That the seller is not an agent or employee of Manufacturer.
- That if Buyer fails to perform any of the terms of this contract, Buyer will pay collection fees as set by a commercial collection agency and reasonable attorney fees incurred in prosecution of suit. The parties understand and agree that the terms hereof have been fully negotiated by the parties, that this agreement is a contractual obligation and that there are no other agreements, written or oral, which pertain to the subject matter hereof. This agreement shall be construed and enforced in accordance with the laws of the State of Texas. The parties agree that the mandatory exclusive venue for all legal actions arising hereunder shall be Dallas County, Texas, without regard to any conflicts of laws. The Buyer further agrees that should Buyer initiate any legal action in any court other than a court located in Dallas County, Texas, Buyer shall be obligated to pay, and shall pay, all of Seller's attorney fees and costs promptly upon demand which may be made from time to time during the defense of such action. Failure to do so shall be deemed a breach of contract.
- Acknowledges and consents to agreements of Manufacturer as stated in items 1, 2, and 3 first above.
- Certain products - such as Digital Display signs are manufactured by outside companies and are warranted by and through those companies.
- The 120V ballast which are utilized in the lighting system, are warranted by the ballast manufacturer for one year. Seller does not manufacture these components. Therefore, in the event the ballast must be exchanged, the Buyer agrees to pay installation cost which are not covered by the ballast manufacturer or the Seller. Lamps have no warranty. Ballasts are warranted on an exchange basis and warranty covers only the cost of the ballast itself.
- In the event artwork has been started if job is canceled, standard industry kill rates will apply.

SELLER AGREES: To promptly place an order with Manufacturer for the manufacture and shipment of the merchandise described herein to Buyer in accordance with the terms of this Agreement.

CUSTOMER PLEASE READ
 CONDITIONS OF SALE
 INITIAL HERE

CONDITIONS OF SALE

- Price does not include freight.
- All orders C. O. D.
- Price does not include installation
- Full one year guarantee. (bulbs excluded)

SELLER:
 Signature: [Signature]
 Print Name: John Gibbens/President
 Acceptance of Order by Manufacturer: _____
 By: _____

BUYER:
 Signature: _____
 Print Name: _____
 Home Address: _____ Phone: _____
 City _____ State _____



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ■ Sanford, FL 32772-0630 ■ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH - 09/30/2009

Business Name: MATTHEW C DEMETREE DC PA

Account #: 124276

Business Address: 3505 ORLANDO DR S

City, State, Zip: SANFORD, FL 32773-

NOT REGULATED

State Lic.# - CH7803

Owner(s): MATTHEW C DEMETREE

Receipt #: 0LHS2008082601667

Amount Paid: 25.00

Date Paid: 08/26/2008

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning August 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter, until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt. ([FS] 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

DR MATTHEW C DEMETREE

3505 ORLANDO DR S

SANFORD, FL 32773-

|||||

County Services Building
1101 E. First Street
Sanford, FL 32771

Wilshire Plaza
384 Wilshire Blvd.
Casselberry, FL 32707

Oak Groves Shoppes
995 N SR 434 Suite 505
Altamonte Springs, FL 32714

ShelMar Professional Center
1490 Swanson Drive, Suite 100
Oviedo, FL 32765

LUCAS PLACE II LLC
3505 S Orlando Dr
Sanford, FL 32773

1061
63-486631

DATE 11/5/08

PAY TO THE ORDER OF

Ray Valdes Seminole County Tax Collector

\$ 6669.32

Sixty-six hundred, sixty-nine and 32/100

DOLLARS

AM SOUTH BANK

THE RELATIONSHIP PEOPLE

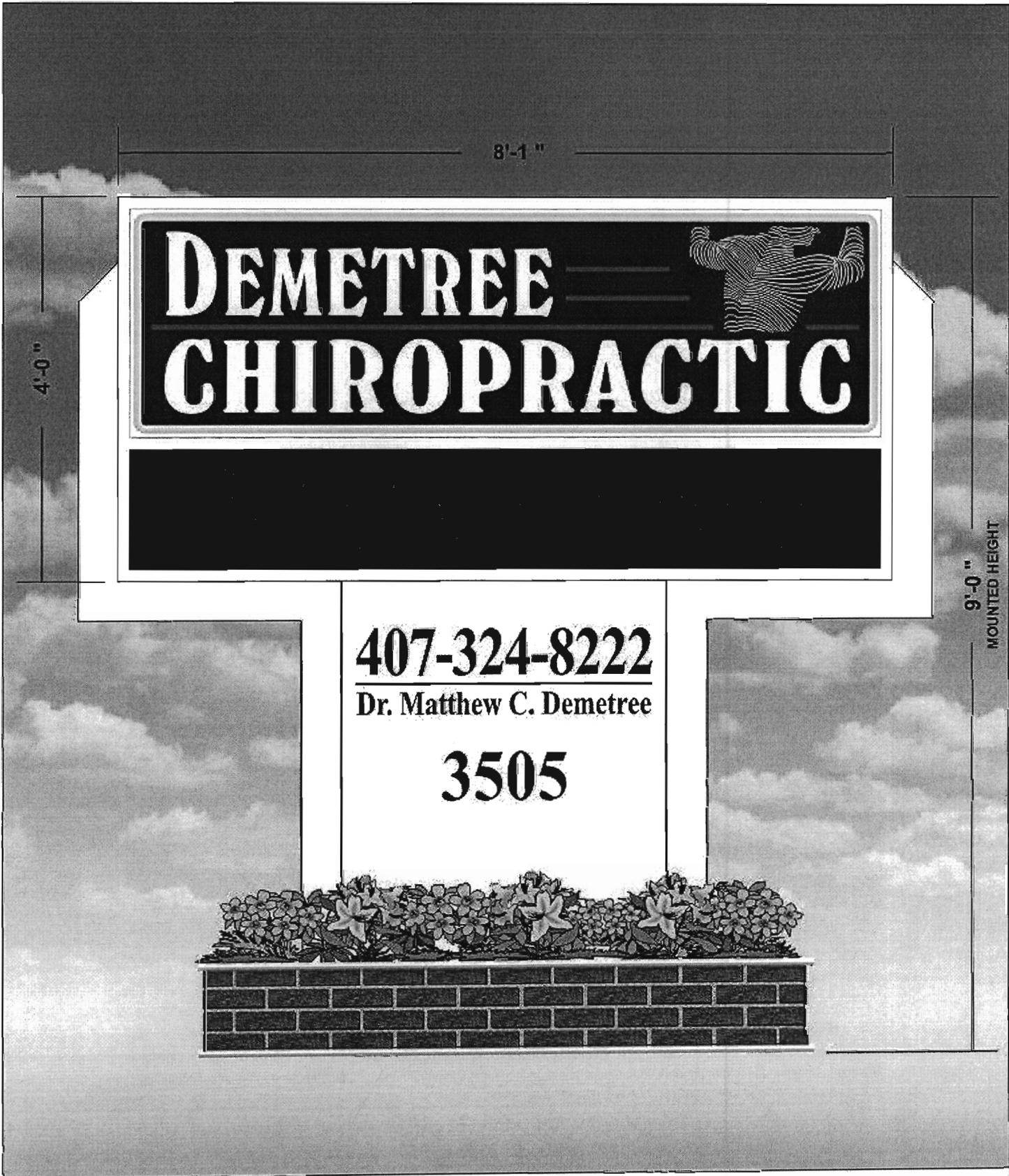
FOR DEPOSIT ONLY: 11-20-30-300-041A-0000



⑆001061⑆ ⑆063104668⑆ 0069234493⑆ ⑆0000666932⑆

RENTAS: BAN 11/3/08
E741 BK 000106-13
SP24 062000019
7100848342

⑆063107513⑆
WACHSIA BA 500031 2007
ORLANDO FL 32708 234
7232682433



8'-1"

4'-0"

DEMETREE
CHIROPRACTIC



407-324-8222

Dr. Matthew C. Demetree

3505



9'-0" MOUNTED HEIGHT

Blue - Face
white - letters on Face
Black - letters on monument Base
LED/Changable text - below Face

Traditional Brick - planter



DR. MATTHEW C. DEMETREE
CHIROPRACTIC PHYSICIAN

3505 Orlando Dr.
Sanford, Fl 32773
Ph (407) 324-8222
Fax (407) 324-8998

DESCRIPTION OF PROPOSED IMPROVEMENTS

One newly constructed monument type sign, built according to code, which will be illuminated internally, with a brick planter, business name on sign, phone number, address number and either a LED reader board or two line changeable copy for informative purposes.



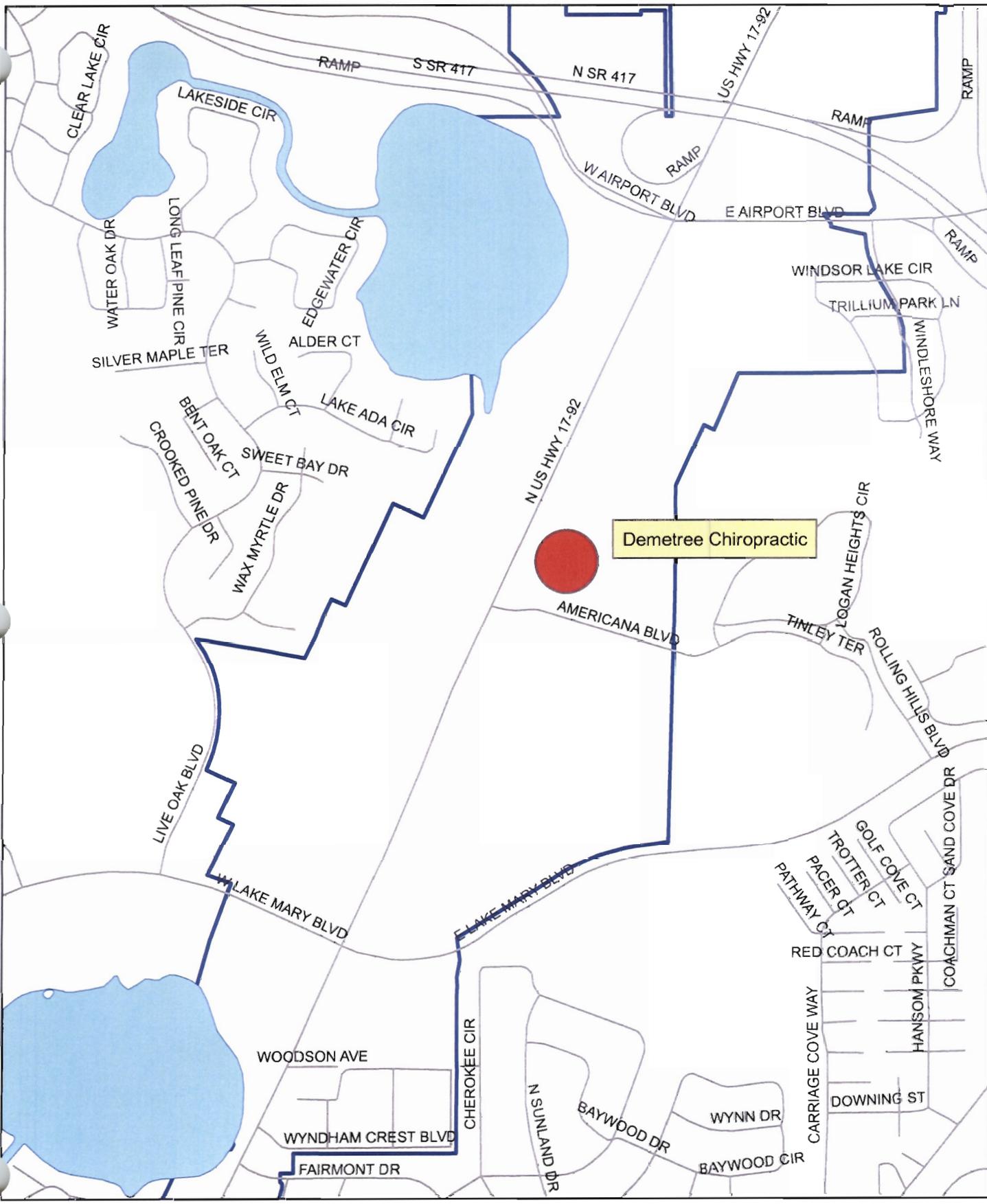
DR. MATTHEW C. DEMETREE
CHIROPRACTIC PHYSICIAN

3505 Orlando Dr.
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COLOR AND MATERIAL SAMPLES

The sign colors are depicted in the attached picture with material description in the proposal from White Sign Company.





Demetree Chiropractic





DR. MATTHEW C. DEMETREE
CHIROPRACTIC PHYSICIAN

3505 Orlando Dr.
Sanford, Fl 32773
Ph (407) 324-8222
Fax (407) 324-8998

LISTING OF BUSINESS SERVICES OFFERED ON SITE

- CHIROPRACTIC MEDICINE
- PHYSIOTHERAPY
- PHYSICAL EXAMINATIONS
- RADIOGRAPHIC EXAMINATIONS
- PHYSICAL THERAPY
- NUTRITIONAL CONSULTATION/COUNCILING
- MASSAGE THERAPY
- BONE DENSITY SCREENING

2009-R-

BUDGET AMENDMENT REQUEST

TO: Seminole County Board of County Commissioners
 FROM: Department of Fiscal Services
 SUBJECT: **Budget Amendment Resolution**
 Department: **Planning and Development**
 Fund(s): US 17-92 Redevelopment Fund

FS Recommendation	
Betty B. Newton Analyst	3/19/09 Date
Budget Manager	Date
Director	Date
09-37 BAR	

PURPOSE: To appropriate funding for a Community Redevelopment Agency Mini-Grant Application for Demetree Chiropractic to replace an existing sign with a monument style sign.

ACTION: Approval and authorization for the Chairman to execute Budget Amendment Resolution.

In accordance with Section 129.06(2), Florida Statutes, it is recommended that the following accounts in the County budget be adjusted by the amounts set forth herein for the purpose described.

Sources:

Account Number	Project #	Account Title	Amount
13300.999987.599994		Reserves/Capital Improvement/ Other	2,950
Total Sources			\$ 2,950

Uses:

Account Number	Project #	Account Title	Amount
13300.011102.580821		Aid to Private Organizations	2,950
Total Uses			\$ 2,950

BUDGET AMENDMENT RESOLUTION

This Resolution, 2008-R-_____ approving the above requested budget amendment, was adopted at the regular meeting of the Board of County Commissioners of Seminole County, Florida _____ as reflected in the minutes of said meeting.

Attest:

 Maryanne Morse, Clerk to the
 Board of County Commissioners

By: _____
 Bob Dallari
 Chairman

Date: _____

Date: _____

Entered by County Finance Department

Date: _____