



Mississippi Gulf Coast Chamber of Commerce, Inc.



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# Biloxi Chamber of Commerce Re-Occupancy Grant Program

Biloxi Chamber of Commerce is dedicated to building a strong business climate in the City of Biloxi. The Biloxi Chamber of Commerce Re-Occupancy Grant Program has been developed to support business owners who are willing to occupy existing buildings and to increase economic viability of Biloxi. Biloxi Chamber of Commerce will award up to five (5), \$1000 Re-Occupancy Grants in 2020.

To apply, review the guidelines below and complete the check list on this page and application on the opposite side of this form. You must provide all requested information to be eligible. Completed applications may be dropped off in person or mailed to: Biloxi Chamber of Commerce Grant, 11975 Seaway Road, B120, Gulfport, MS 39503. Please type or print clearly. You may attach extra documentation if more space is required. **If selected a Certificate of Occupancy must be provided to receive grant award. Certificate of Occupancy must be issued within the dates of January 1<sup>st</sup>-December 31<sup>st</sup>, 2020.**

### **Guidelines and Eligibility Check List**

**(Business owner must check all listed to be eligible for the Biloxi Chamber of Commerce Small Business Grant.)**

- \_\_\_\_\_ 1. Biloxi Chamber of Commerce is an affiliate of Mississippi Gulf Coast Chamber of Commerce, Inc. Becoming a member of Mississippi Gulf Coast Chamber of Commerce, Inc., is synonymous with Biloxi Chamber of Commerce membership. Call 228-604-0014 to join. To be eligible for the Biloxi Chamber of Commerce Re-Occupancy Business Grant Program you must be a member of the Mississippi Gulf Coast Chamber of Commerce, Inc.
- \_\_\_\_\_ 2. To be eligible, applicants must apply within 2 months of lease date.
- \_\_\_\_\_ 3. Applicants occupying buildings that have been unoccupied for at least 6 months will receive priority.
- \_\_\_\_\_ 4. Qualifying buildings must be a minimum of 500 square feet and a maximum of 10,000 square feet.
- \_\_\_\_\_ 5. A minimum 12 month Lease, 12 month License Agreement or proof of purchase is required.
- \_\_\_\_\_ 6. Business must have no more than 25 full time employees per location.
- \_\_\_\_\_ 7. Applicants must complete the entire application, and it must be typed or written clearly. Please include as much detail as possible.
- \_\_\_\_\_ 8. Application for the grant gives permission for the Biloxi Chamber of Commerce Board of Directors, staff or a designee to visit the business for evaluation.
- \_\_\_\_\_ 9. To be eligible, applicants must be re-occupying building in the City of Biloxi zip codes of 39530, 39531 and 39532.
- \_\_\_\_\_ 10. Applicant must include brochure, business card or flyer that adequately describes your business.

**The decisions of the selection committee will be final.**

**The Biloxi Chamber of Commerce reserves the right to limit applications, modify or change the program at any time.**

**Questions? Call 228-604-0014 or email [Rachael@mscoastchamber.com](mailto:Rachael@mscoastchamber.com)**

*Mississippi Gulf Coast Chamber of Commerce, Inc. is a membership organization comprised of businesses in Harrison County and throughout South Mississippi. Through a partnership among the Biloxi, Gulfport, Long Beach, and Pass Christian Chambers of Commerce, Mississippi Gulf Coast Chamber of Commerce, Inc. promotes community and economic development on the Mississippi Gulf Coast.*

Mississippi Gulf Coast  
Chamber of Commerce, Inc.



**Biloxi Chamber of Commerce  
Re-Occupancy Grant Application**

Date Joined: _____ Office use only
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Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Business Information:**

Form of Business (**circle one**): Sole Proprietorship Partnership\* Corporation

\*If your business is a partnership, all owners must be listed below.

Type of Services/Products Offered: \_\_\_\_\_

Date Business Originated: \_\_\_\_\_ Number of Full-Time Employees: \_\_\_\_\_

\*Business Owner(s): \_\_\_\_\_

Federal ID# \_\_\_\_\_ State ID# \_\_\_\_\_ What

What is your mission or vision of your business?

Briefly describe the capacity (experience) of the business or organization and its ability to implement and manage the proposed activity.

Please describe how you plan to use the grant, should you be selected.

By signing this application, I certify that the information in this application is true, complete and accurate to the best of my knowledge. I am aware that information will be kept confidential and that the selection of the grant recipients is at the sole discretion of the Biloxi Chamber of Commerce.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*A second signature is required if there is more than one business owner.

**ATTACH BUSINESS CARD, BROCHURE OR FLYER THAT ADEQUATELY DESCRIBES YOUR BUSINESS.**