COLLIER COUNTY CAPITAL INVESTMENT FOR DIVERSIFICATION (CID) APPLICATION

This amount certifying continued comphance of employm	ient benefits requirements for four years is required annually.
Land Owner/Developer liable for Impact Fees at C.O.:	
Authorized Representative:	
Email address:	Phone #:
Mailing address:	
Qualified Targeted Industry's name:	
Email address:	Phone #:
Mailing address:	
Industry description:	Industry SIC code (NAIC)
Number of full-time employees: Number of employeerequested by this employer:	yees being provided at least 50% of their cost of healthcare
Project location:	
Estimated square footage of project:	
Amount to be paid in impact fees: Anticipate	ed date of project completion:
List all other state and federal economic development or fi	nancial support:
Has this property received a prior certificate of occupancy	·
supporting documents will be required prior to execution of ☐ Deed indicating current fee ownership of the property. ☐ Proof of pre-payment of impact fees. ☐ Executed lease or sales contract with this Targeted Indu	
* I hereby swear that the information contained in this app	lication is accurate.
Sworn to and subscribed to me this thed	ay of 20
Notary Public, State of Florida	Land Owner/Developer
Notary Public. State of Florida	Targeted Industry Employer
INDICATE FORMS. MARE OF FIORION	rarveied industry employer

Submit applications, questions to: Collier County Office of Business & Economic Development, 2660 N. Horseshoe Dr., Suite 105. Naples, FL 34104. Jace Kentner, (239) 252-4040.