



CRA
COMMUNITY
REDEVELOPMENT
AGENCY

REDEVELOPMENT AUTHORITY OF LAKE WALES

CRA GRANT APPLICATION

FOOD RELATED

SECTION 1

APPLICANT INFORMATION

Applicant Name: Gene & Lynette Hofferber

Business Name (If applicable): The pink Flamingo & Fifties Diner

Mailing Address: 901 Dorset, PL Davenport FL 33896

Phone: (308) 440-5536 Email Address: Lynettehoff@hotmail.com

Project Address: 230 E Park Ave #24 & 25 Lake Wales FL 33853

Project Budget: \$ 120,000.00 to 140,000.00 Requested Grant Amount: \$ 50,000.00

Lease Term (If applicable): —

Property Owner's Name: David Small / Angele ? Property Manager

Property Owner's Mailing Address: ?

Phone: (443) 783-7704 Email Address: ?

SECTION 2

PROJECT DESCRIPTION

Building's existing use(s): Retail

Building's new use(s): Food sales

General description of proposed improvements:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Electrical/ Plumbing upgrades | <input checked="" type="checkbox"/> Venting systems | <input checked="" type="checkbox"/> Mechanical, Electrical and Plumbing engineering services (not to exceed 20% of the grant total) |
| <input checked="" type="checkbox"/> Installation of attached fixtures | <input type="checkbox"/> Sprinkler systems | <input type="checkbox"/> Monitoring man-hole system installation |
| <input checked="" type="checkbox"/> Grease traps | <input type="checkbox"/> Solid Waste and recycling management | |
| <input checked="" type="checkbox"/> Utility connections | | |

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

Business will be a Diner type business where menu type dining food will be sold on a daily basis along with the ice cream & confections we sell now. Menu will also include a variety of drinks including a small amount of beer/wine.

Work to be performed: Installation of hood, ADA bathrooms, electrical & mechanical upgrades along with various other modifications to adapt the →

SECTION 3

BUSINESS INFORMATION

What is the expected opening date? May 1, 2025

What type of food related business is being proposed? 50's Style Diner + ice cream parlor

What will be the business' hours of operation? noon to 8:00 pm 7 days a week

Is the proposed business a franchise? No Yes if so, what? _____

Will entertainment be offered? No Yes on a minimal basis, once every month or every other month if space allows

Will there be outdoor seating at this establishment? No Yes

What is the proposed seating capacity of the restaurant, if applicable? 30 to 35 inside

Is this the business' 1st location, 2nd location or a relocation? 1st Location, We are relocating our existing ice cream business and adding diner food.

SECTION 4

REQUIRED DOCUMENTATION

- | | |
|--|---|
| <input checked="" type="checkbox"/> A completed and signed application | <input checked="" type="checkbox"/> Proposed site plan |
| <input type="checkbox"/> Notarized letter from property owner | <input checked="" type="checkbox"/> Project Schedule |
| <input checked="" type="checkbox"/> Food-related service resume(s) | <input type="checkbox"/> Three (3) cost estimates |
| <input checked="" type="checkbox"/> Conceptual business plan | <input type="checkbox"/> All the above documentation must be submitted as one complete packet |

SECTION 5

SIGNATURE

Applicant's Signature: *Lynette Hoffecker* Date: 3/1/25

Property Owner's Signature: _____ Date: _____

SECTION 6

FOR STAFF USE ONLY

Date of initial contact: _____ Electronic submission In person

Staff representative: _____

Design Professional: _____

Pre Application Meeting Post Application Meeting

Three estimates submitted? Yes No

Taxes current? Yes No

Parcel Identification Number: _____

Staff Decision: Approved Denied Board Appealed