



Miami Beach Economic Development - Commercial  
Lease Subsidy Application FY23-24

The Charlys Group, Inc.

Application #CLSAPP23240007

Name: Charles Jung  
Phone: (714) 788-1801  
Email: charlesjung92@gmail.com

## Applicant Profile

<b>Applicant Type</b>	Organization
<b>Name</b>	Charles Jung
<b>Legal Name</b>	The Charlys Group, Inc.
<b>Email</b>	charlesjung92@gmail.com
<b>Primary Phone</b>	(714) 788-1801
<b>Address</b>	345 Lincoln Road Miami Beach, Florida 33139 UNITED STATES
<b>Website</b>	<a href="http://www.thecharlys.com">http://www.thecharlys.com</a>
<b>FEIN / Tax ID</b>	99-0698741
<b>Fiscal Year End Date</b>	12/31
<b>Unique Entity ID (UEI)</b>	

## Mission Statement

Our goal is to bring people together to enjoy a happy moment.

## Organization History

Name: Charles Jung

Phone: (714) 788-1801

Email: charlesjung92@gmail.com

## Intent to Apply

Welcome to the Intent to Apply section for the Miami Beach Commercial Lease Subsidy Program!

By expressing your "Intent to Apply", you're taking the first step towards accessing financial assistance with your commercial lease in the Art Deco / MiMo Commercial Character Overlay District. Submitting this form is mandatory before gaining access to the Program application form.

Before you begin, please review the Program Guidelines.. Compliance with the Program Guidelines is key to submission of a complete and valid application.

Submitting your "Intent to Apply" requires providing answers to a series of question that will help us understand your commercial lease and confirm your eligibility for Program participation.

- I. Applicant of Record: Identify who will handle the application process and whether that individual represents the property owner or a prospective business looking to take advantage of the grant program.
- II. Subject Property: For the commercial property to be leased by a new business, provide the property owner name, address, and tax folio.
- III. Existing Tenant: Answer yes or no, whether an existing business currently operates at the subject property. If applicable, provide the name of the existing business operating onsite, business owner/contact information (name, phone number, email address) business tax receipt (BTR) number and indicate the type of business establishment.
- IV. Prospective Tenant: Is there a prospective tenant under consideration for the property? If applicable, provide the name of the prospective business, business owner/contact information (name, phone number, email address), business tax receipt (BTR) number, and indicate the type of business establishment.

Please note that submitting an Intent to Apply does not complete the application. Once you submit your intent, please contact the City's Economic Development Department with your application number to schedule your Pre-Submittal Conference (PSC).

City of Miami Beach Economic Development Department

Email: mbbiz@miamibeachfl.gov

Phone: 305-673-7572

During the PSC, you'll discuss your application, business needs, and how the Commercial Lease Subsidy Program can be tailored to maximize your business growth in Miami Beach. Completion of a PSC is required to move forward and submit an official application.



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Thank you for choosing Miami Beach as the location for your business, and we look forward to assisting you in your application journey!

## I. APPLICANT OF RECORD

The *Applicant of Record* is the individual/entity that will submit the application, assume responsibility for the grant, and to whom funds will be disbursed. Please specify who will fill out the application and handle the application process.

**Full Name**

Charles Jung

**Phone Number**

7147881801

**Email Address**

charlesjung92@gmail.com

**Is the Applicant of Record a**

- Property owner whose commercial property will be subject of the application
- Business wishing to participate as tenant at a property owned by someone else

**Please select one:**

Tenant Business

**Subject Property Occupancy Status**

**Please select one:**

The Subject Property is currently occupied

## II. SUBJECT PROPERTY

For *Applicants of Record* that own the commercial property that will be leased by a new business (currently vacant). Please ensure that the subject property is located within the Program's geographic boundaries.

**Subject Property Address**

**Subject Property Folio Number**

Please provide the 13-digit parcel identifier assigned to the property by Miami-Dade County commencing with "02-".



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**Owner of Title**

Please identify the owner of title to the Subject Property.

**Owner Authorized Representative**

Please identify an Authorized Representative if the Property Owner is not a natural person. (May be completed as "N/A" if it doesn't apply)

**Owner Authorized Representative Email**

**II. SUBJECT PROPERTY**

For *Applicants of Record* that own the commercial property with an existing Tenant Business. Please ensure that the subject property is located within the Program's geographic boundaries.

**Business Registered Name**

**Business D/B/A (if applicable)**

**Primary Business Activities**

**Date Business Operation began at Subject Property**

**Business Tax Receipt Number**

**Authorized Representative Name & Title**

**Authorized Representative Email**

**II. SUBJECT PROPERTY**

For *Applicants of Record* that are prospective Tenant Business. Please ensure that the subject property is located within the Program's geographic boundaries.

Yes

**Prospective Property Address**

345 Lincoln Rd

**Name of Prospective Property Landlord/Owner**

The Charllys Group, Inc.

Application #CLSAPP23240007

Name: Charles Jung

Phone: (714) 788-1801

Email: charlesjung92@gmail.com

Manhattan House, Inc.

### III. TENANT BUSINESS APPLICANT

Information regarding the *Tenant Business*. If *Property Owner* is *Applicant of Record* and *Subject Property* is currently vacant, respond with "Vacant" to each question.

#### Business Registered Name

The Charllys Group, Inc.

#### Business D/B/A (if applicable)

Charly's

#### Primary Business Activities

Selling made-to-order churros and waffles. We also sell ice cream and beverages.

#### Registered Address

345 Lincoln Rd

#### Existing Miami Beach Locations (if any)

N/A

### Acknowledgements

As the applicant, please confirm the acknowledgments below.

- I have read and understood the Program Guidelines.
- I understand that submitting an Intent to Apply Letter does not constitute a complete application.
- I understand that I must complete a Pre-Submittal Conference with the Miami Beach Economic Development Department in order to move forward with an application.

I have read and understood the Program Guidelines.

I understand that submitting an Intent to Apply Letter does not constitute a complete application.

I understand that I must complete a Pre-Submittal Conference with the Miami Beach Economic Development Department in order to move forward with an application.



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The Charllys Group, Inc.

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Name: Charles Jung

Phone: (714) 788-1801

Email: charlesjung92@gmail.com

## Subject Property

### **Subject Property Address:**

345 Lincoln Road

### **Miami-Dade County Tax Folio:**

0232340190680

### **Property Title Owner Name/Entity:**

Manhattan House, Inc.



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Property Owner Information

**Business Registered Name:**

Manhattan House, Inc.

**Business dba:**

*(if applicable)*

**Authorized Representative Name**

Komal Bhojwani

**Authorized Representative Name:**

Komal Bhojwani

**Authorized Representative Email:**

komal.bhojwani@gmail.com

**Authorized Representative Phone:**

786.200.1697

**Website:**

N/A

**Mailing Address:**

5660 COLLINS AVE APT # 5E MIAMI BEACH, FL 33140

**Has the company or any of its officers ever been subjected to criminal or civil fines and penalties?**

No

**If yes, briefly explain:**

**Federal Employer Identification (FEIN):**

N/A

**Miami Beach Business Tax Receipt (BTR):**

N/A

**Annual Miami Beach BTR Fee:**

N/A



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Name: Charles Jung  
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**Florida Sales Tax Registration Number:**

*(if applicable)*

N/A

**NAICS Code(s):**

N/A

**SIC Code(s):**





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## Proposed Lease Agreement

### Tenant Business:

Transition from Nonconforming to Permitted Use

### Landlord Name:

Manhattan House, Inc.

**Are Landlord and Tenant related to each other? "Related" means a relationship that might call into question the arms-length nature of a customary transaction because the parties are not independent or on equal footing, including, but not limited to, relatives and business partners.**

No

**If yes, please briefly explain**

### Lease Execution Date:

2024-04-09

### Lease Effective Date:

2024-04-09

### Lease Term Expiration Date:

04/09/2035

### Rent Commencement Date:

earlier of 4/9/2025 or at store opening

### Initial Term (months):

120

### Renewal Terms (months):

120

### Size of Leased Premises (sq. ft.):

1,206

### Rent (annual & monthly):

Staggered. Lowered rent 3 years in lieu of TI. Starts \$10k. Normalized rent is \$17k amonth

### Mortgage (annual & monthly):



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N/A

**Lease-related Expenses:**

N/A

**Briefly explain the type of expenses for which reimbursement will be requested**

Rent

**Required Annual Reporting of Business Activity**

Participants will be required to annually submit information regarding the business, for use by the City in tracking the Program's impact on commercial activity. The data requested includes, but is not limited to, the amount of capital investment in real and personal property associated with the property (e.g., costs related to construction, renovation, buildout improvements, and/or fixtures, furniture, and equipment (FF&E)) and employment and wage data (e.g., number of full- and part-time jobs at the property and associated wages). The information submitted will only be used internally by the City for Program tracking and will have no bearing on the participant's Program eligibility. Failure to comply with the City's request for information may result in the denial of reimbursement funds.

I have read and understood the Annual Reporting requirement



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Existing Tenant / NonConforming Business

**Does subject property contain an active business operation?**

No

**Business dba:**

*(if applicable)*

**Primary Business Activities:**

**Authorized Representative Name & Title**

**Authorized Representative Email**

**Authorized Representative Phone:**

**Website:**

**Mailing Address:**

**Has the company or any of its officers ever been subjected to criminal or civil fines and penalties?**

**If yes, please provide details**

**Federal Employer Identification (FEIN):**

**Miami Beach Business Tax Receipt (BTR):**

**Annual Miami Beach BTR Fee:**

**Florida Sales Tax Registration Number**

**NAICS Code(s):**

*(Look up code here: <https://www.naics.com/search/>)*

**SIC Code(s):**



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Email: charlesjung92@gmail.com

Prospective / New Tenant (Permitted Use or Art & Culture Business)

**Has a prospective tenant has been identified for Subject property?**

Yes

**Business Registered Name**

The Charlys Group, Inc.

**Business dba**

Charly's

**Primary Business Activities**

Dessert Cafe

**Authorized Representative Name & Title**

Charles Jung, Owner

**Authorized Representative Email**

charlesjung92@gmail.com

**Authorized Representative Email**

charlesjung92@gmail.com

**Website:**

thecharlys.com (pending publish)

**Mailing Address:**

18117 Biscayne Blvd #1018 Miami, FL 33160

**Has the company or any of its officers ever been subjected to criminal or civil fines and penalties?**

No

**If yes, please briefly explain:**

**Federal Employer Identification (FEIN):**

99-0698741

**Miami Beach Business Tax Receipt (BTR):**

in process

**Annual Miami Beach BTR Fee:**



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Name: Charles Jung

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TBD

**Florida Sales Tax Registration Number**

*(if applicable)*

23-8019567551-6

**NAICS Code(s):**

722513

**SIC Code(s):**

5812

**Estimated amount of annual reimbursement to be requested:**

20,000

The Charlys Group, Inc.

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Name: Charles Jung

Phone: (714) 788-1801

Email: charlesjung92@gmail.com

## Acknowledgement and Application Authorization

**The Applicant acknowledges that adherence to the application and Program Guidelines is a requirement for receipt of reimbursement award funds. Failure to comply with the Program Guidelines may result in the loss of eligibility. Please check each statement in acknowledgement of the following:**

- **I acknowledge that receipt of any Program funds is conditioned upon continuous compliance with the terms and conditions of the application and Agreement, as authorized by resolution of the City Commission.**
- **I acknowledge that failure to comply with the terms and conditions of the approved application and Agreement may result in my disqualification from the Program, the forfeiture of any unissued award funds, and the requirement for repayment of funds I have already received.**
- **I agree to refrain from executing a lease agreement, or extension thereof, for the subject property of this application, prior to final approval of my participation in the Program, as confirmed in writing by the City of Miami Beach.**
- **I agree that Program participation requires that any lease agreement for the subject property will contain a statement in standard font size that the property will be subject to these Program requirements, rents payable will be reduced by an amount commensurate with the award, and participation may be revoked if, during the Program term, any outstanding charges are unpaid for more than one year.**
- **I acknowledge that the subject property cannot be approved for the Program if encumbered by any delinquent ad valorem taxes, municipal and county liens, code enforcement violations, judgments, and encumbrances of any kind.**
- **I agree to maintain business and financial records related to my business, the subject property, and the tenant, and submit summary reports of such records, as requested by the City of Miami Beach as part of reimbursement claim submissions.**
- **I agree to comply with efforts to monitor and verify my compliance with the Program, including the City of Miami Beach's requests to review business records and/or perform onsite visits.**

Receipt of any Program funds is conditioned upon continuous compliance with the terms and conditions of the application and Agreement, as authorized by resolution of the City Commission.

Failure to comply with terms and conditions of the approved application and Agreement may result in my disqualification from the Program, the forfeiture of any unissued award funds, and the requirement for repayment of funds I have already received.

I agree to refrain from executing a lease agreement, or extension thereof, for the subject property of this application, prior to final approval of my participation in the Program, as confirmed in writing by the City of Miami Beach.

Program participation requires any lease agreement for the subject property to contain a statement that the property will be subject to these Program requirements, rents payable will be reduced by an amount commensurate with the award.



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Participation may be revoked if, during the Program term, any outstanding lease agreement charges are unpaid for more than one year.

Subject property cannot be approved for the Program if encumbered by any delinquent ad valorem taxes, municipal and county liens, code enforcement violations, judgments, and encumbrances of any kind.

I agree to maintain business and financial records related to my business, the subject property, and the tenant, and submit summary reports of such records, as requested by the City of Miami Beach as part of reimbursement claim submissions.

I agree to comply with efforts to monitor and verify my compliance with the Program, including the City of Miami Beach's requests to review business records and/or perform onsite visits.

**Signature Affidavit - Property Owner**

**Signatures from all involved parties is required for the submission of an application. The signatory must have legal signing authority to bind the company to a contract, i.e., executive officers and owners. By signing this application, the Applicant(s) attests to be duly authorized to execute on behalf of the company and its legal owner, as applicable. The Applicant confirms that it is duly authorized to enter into contracts related to the subject property. Through application to the Program, the Applicant provides consent to the City of Miami Beach to verify the company's business licensure, ownership of property, and business records related to the company and the subject property.**

**The Applicant acknowledges that adherence to the application and Program Guidelines is a requirement for receipt of reimbursement payments. Failure to comply with Program Guidelines may result in the loss of eligibility for receipt of funds.**

*CLS-Application-Signature-Affidavit SIGNED.pdf*

**Signature Affidavit - New Tenant Business**

*CLS-Application-Signature-Affidavit SIGNED.pdf*

*(if applicable)*

*No File Uploaded*

Signatures from all involved parties is required for the submission of an application. The signatory must have legal signing authority to bind the company to a contract, i.e., executive officers and owners. By signing this application, the Applicant(s) attests to be duly authorized to execute on behalf of the company and its legal owner, as applicable. The Applicant confirms that it is duly authorized to enter into contracts related to the subject property. Through application to the Program, the Applicant provides consent to the City of Miami Beach to verify the company's business licensure, ownership of property, and business records related to the company and the subject property.


**The Applicant acknowledges that adherence to the application and Program Guidelines is a requirement for receipt of reimbursement payments. Failure to comply with Program Guidelines may result in the loss of eligibility for receipt of funds.**

**PROPERTY OWNER**

Name: Komal Bhojwani

Company: Manhattan House, inc.

Title: Officer and general counsel

Signature: 


Date: 9/16/2024

**NEW TENANT BUSINESS**

Name: Charles Jung

Company: The Charlys Group, Inc.

Title: Owner

Signature: 

Date: 09/10/2024

**EXISTING TENANT BUSINESS (if applicable)**

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

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Internal City use only

Date Received:

Approval Signature:

Printed Name:

Target Commission Meeting Date: