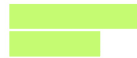


 Commercial Lease
Subsidy Application
FY24-25
#CLSAPP24250001

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Property Owner Information

Business Registered Name: *(required)*

245 LINCOLN MB TITLE LLC

Business dba:

230 Lincoln MB

(if applicable)

Authorized Representative Name *(required)*

Daniel Dominguez

Authorized Representative Title

CFO

Authorized Representative Email: *(required)*

ddominguez@bayshoregrovemgmt.com

Authorized Representative Phone: *(required)*

3057727387

Website: *(required)*

https://www.bayshoregrovemgmt.com/

Mailing Address: *(required)*

665 S Bayshore Dr. Suite M-102, Coconut Grove, FL 33133

- ☐ Yes
☒ No

Confirm with Landlord Info

Federal Employer Identification (FEIN): *(required)*

PLEASE UPDATE WITH LANDLORD INFO

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

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Annual Miami Beach BTR Fee: *(required)*

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Florida Sales Tax Registration Number:

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(if applicable)

NAICS Code(s): *(required)*

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

SIC Code(s):

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