

Exhibit A – Project Description

Interior improvements to the 2,000sq.ft. building for Thirsty include a full kitchen and bar build out, new flooring, paint, restroom upgrade, HVAC repair, plumbing, and electrical repairs. The exterior improvements include repaving of the parking lot, rooftop and first floor patios, roof repairs, lighting, security cameras, landscaping, and decorative fencing.

Renderings:



Floor Plan:

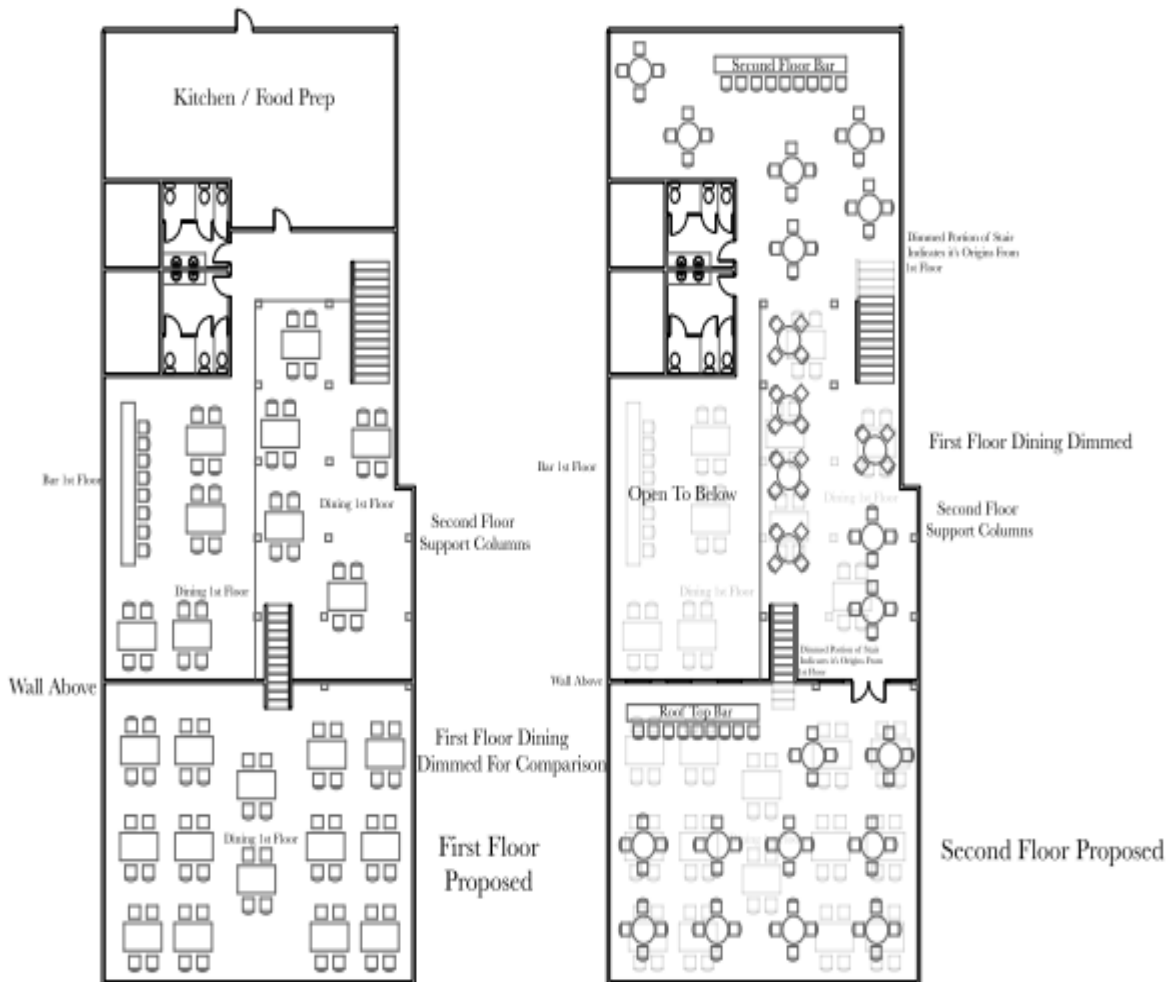


Exhibit B – Property Description

LOT 1

Owner(s): Thirsty Corpus Christi, LLC

Property ID: 191809

Geographic ID: 0540-0028-0110

Legal Description: BEACH BLK 28 LOT 11-A

Property Address: 1002 N. Chaparral St, Corpus Christi, TX 78401



LOT 2

Owner(s): Thirsty Corpus Christi, LLC

Property ID: 191810

Geographic ID: 0540-0028-0120

Legal Description: BEACH BLK 28 LOT 12-A

Property Address: 322 Mann St, Corpus Christi, TX 78401



Exhibit C – Project Costs

Vacant Building Program	
Improvement	Estimated Cost
Structural Framing	\$60,000
HVAC	\$150,000
Fire Sprinkler and Alarm	\$120,000
Kitchen Build and Equipment	\$130,000
Restroom Build Out	\$75,000
Insulation and Drywall	\$40,000
Interior Paint	\$35,000
Flooring	\$50,000
Plumbing and Fixtures	\$80,000
Electrical and Fixtures	\$190,000
Total Reimbursement Basis	\$930,000

Streetscape & Safety Improvement Program	
Improvement	Estimated Cost
Rooftop Repair	\$35,000
Rooftop Reinforcement	\$40,000
Glass Door and Windows	\$120,000
Exterior Stucco Repair	\$40,000
Exterior Paint	\$30,000
Signage, Lighting, and Security Cameras	\$52,000
Rooftop Patio Buildout	\$100,000
Parking Lot	\$40,000
First Floor Patio Build Out	\$20,000
Fence and Landscaping	\$30,000
Total Reimbursement Basis	\$507,000

*Total Possible Reimbursement Basis identifies the Project Costs that make the Development eligible under the Incentive Guidelines. The Actual Reimbursement is identified in Section 1 of the Agreement.

Exhibit D – Request for Reimbursement Form

City of Corpus Christi – City Manager’s Office
Corpus Christi Downtown Management District

Tax Increment Reinvestment Zone #3 - Request for Reimbursement

Project Name (Per Agreement): _____

Type of Reimbursement: One Time Re-Occurring (First Payment)

Requestor: _____ Date Requested: _____

Improvement	Estimated Cost <small>(Per Agreement Exhibit C)</small>	Actual Cost <small>(Per Attached Documentation)</small>	Invoice Reference
1.			
2.			
3.			
4.			
5.			
TOTAL			

Attached is the Following:

- 1) Executed TIRZ #3 Reimbursement Agreement
- 2) Certificate of Occupancy Date: _____
- 3) Documentation of Expenses

Signatures for Submittal:

Authorized Developer: _____ Date: _____

Authorized General Contractor: _____ Date: _____

An incomplete Request for Reimbursement will not be processed. Submit a hard copy and combined PDF version to christa@cctexasdmd.com. Upon receipt of Request, final inspection will be scheduled.

Internal Office Use Only

Signatures for Approval Process

Request Rec'd By DMD: _____ Date: _____

(Initial & Date) Documentation Complete: _____ Inspection of Project: _____

Reimbursement Amount Requested: _____

Notes: _____

Reimbursement Approved by TIRZ #3 Board or DMD Staff:

Date: _____