



**SUSTAINABLE DEVELOPMENT**  
Economic Development Business Stabilization  
60 Day COVID-19 Rapid Response

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**Business Information**

Individual     Sole Proprietorship     Partnership     Corporation     Other

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of years at location \_\_\_\_\_

Federal Tax ID Number (If applicable): \_\_\_\_\_

**Applicant/Owner Information**

Attach a copy of Agent Letter. If more than one business owner, provide a list of all business owner with more than 5% interest, including name, address, phone, and email address on an additional sheet.

**Applicant**

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

Business Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

**Owner**

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

**COVID-19 Impact Information**

DESCRIBE IN DETAIL how the business was adversely impacted by the COVID-19 pandemic.  
(Attach additional sheet, if necessary)

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**Financial**

Monthly Rent: \$ \_\_\_\_\_

with Utilities  without Utilities

Yearly Rent: \$ \_\_\_\_\_

with Utilities  without Utilities

Number of Employees

FULL-TIME: \_\_\_\_\_

PART-TIME: \_\_\_\_\_

Is the business or any owner delinquent on any municipal taxes or fees?  Yes  No

Is the business or any owner delinquent in the payment of any income tax obligation?  Yes  No

Is the business or any owner delinquent in the payment of any loans or in default on any loans?  Yes  No

Are there currently any unsatisfied judgements against the business or any owner?  Yes  No

Has the business or any owner ever filed for bankruptcy?  Yes  No

*If the answer to any of the above questions is "Yes," provide details on a separate sheet.*

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**\*Please ensure completed application. Incomplete submissions will not be considered.\***

**APPLICANT CERTIFICATION:** I have read this application and understand the Program Guidelines.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_