



CITY OF ELIZABETHTOWN

REQUEST FOR BUSINESS STIMULUS FUNDS

COVID 19-RELATED ONLY

 CITY BUS. ID

ALL INFORMATION IS REQUIRED TO BE COMPLETED

 OFFICIAL BUSINESS NAME

 PRIMARY CONTACT NAME

 PRIMARY CONTACT EMAIL ADDRESS

 PRIMARY PHONE

 DATE OPENED

 PHYSICAL LOCATION OF BUSINESS

 MAILING ADDRESS OF BUSINESS (IF DIFFERENT FROM ABOVE)

SPECIFIC BUSINESS INFORMATION

	OPEN, UNRESTRICTED	OPEN, LIMITED OPERATION	IF CLOSED, ENTER DATE
CURRENT STATUS OF BUSINESS (CHECK ONE)	<input style="width: 100%; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

	TOTAL REVENUE	ELIZABETHTOWN ONLY
REVENUE FROM 2019 NET PROFITS RETURN	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

	FULL-TIME		PART-TIME	
	BEFORE	CURRENT	BEFORE	CURRENT
TOTAL # OF EMPLOYEES IN ELIZABETHTOWN ONLY <i>(BREAKOUT BOTH BEFORE COVID-19 AND CURRENT)</i>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

IS A COPY OF 2019 NET PROFITS RETURN ATTACHED? IF NOT, ATTACH OTHER FINANCIAL STMT

FOR WHAT SPECIFIC PURPOSE WOULD THESE FUNDS BE USED? IF RENT, GIVE LANDLORD NAME AND AMOUNT.

CERTIFICATION - I certify to the City of Elizabethtown that all information contained in this application is true and correct to the best of my knowledge and agree to the grant guidelines and program requirements.

 PRINTED NAME OF SUBMITTER

 SIGNATURE OF SUBMITTER

 DATE

CITY OF ELIZABETHTOWN OFFICE PERSONNEL USE ONLY

REQUEST APPROVED? AMOUNT APPROVED? DATE PAID:

IF DENIED, GIVE REASON: