

# City of Loyalton



Cares Act Relief Fund Allocations for Cities

## Business Application

Applications will be accepted until grant funds are fully distributed

Submission of Applications do NOT guarantee approval

FULL NAME OF BUSINESS, LICENSE NUMBER, BUSINESS OWNER(S) NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS OR INDIVIDUAL'S EIN OR TIN #: \_\_\_\_\_

BUSINESS/INDIVIDUAL PHYSICALL ADDRESS: \_\_\_\_\_

BUSINESS/INDIVIDUAL MAILING ADDRESS: \_\_\_\_\_

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### BUSINESS/INDIVIDUAL'S INCOME

ANNUALLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ WEEKLY \_\_\_\_\_

NUMBER OF PEOPLE EMPLOYED BY THE BUSINESS: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PARTTIME: \_\_\_\_\_

HOW HAVE YOU OR YOUR BUSINESS BEEN IMPACTED BY THE COVID-19 SHUTDOWN/VIRUS? PLEASE EXPLAIN:

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### DESCRIBE YOUR LOSS OF INCOME AND NEED FOR PAYMENT. INCLUDE VENDOR NAMES, CONTACT INFORMATION, AND ACCOUNT NUMBERS. COPIES OF BACKUP DOCUMENTS MUST BE INCLUDED.

- EMPLOYEE PAYMENT AND BENEFIT AMOUNTS- PLEASE ATTACH PAYROLL SUMMARIES, OTHER DOCUMENTATION MAY BE REQUIRED.
- COVID-19 RELATED EXPENSES (IE: PPE for staff and clientele), work-place environment modifications, plastic barriers, furniture modification, enhanced cleaning supplies and compensation)
- PROOF OF (COPIES) OF COUNTY ORDER OF CLOSURES, COPY OF ATTESTATION PLAN TO REOPEN
- EXPENSES DURING CLOSURES AND/OR MODIFICATIONS

MORTGAGE/RENT: \_\_\_\_\_

ELECTRIC/HEATING: \_\_\_\_\_

WATER/SEWER: \_\_\_\_\_

MEDICAL COSTS: \_\_\_\_\_

INSURANCE COSTS: \_\_\_\_\_

OTHER: \_\_\_\_\_

