



City of Huron COVID-19

Small Business Assistance Grant Application

1. Is the business currently operating? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If No on #1, is the closure permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Was the business required to close by the State of California due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did the business close? _____			
4. Do you intend to remain open after COVID-19 subsides? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. First Name:		6. Last Name:	
7. Phone Number:		8. Email Address:	
9. Business Name:		10. Business Address:	
11. Business City:	12. Business State:	13. Business Zip Code:	
14. Business License Number & Date Issued:		15. Are you a Sole Proprietor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Size of Business (Sales for 2019): <input type="checkbox"/> <\$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 +			
17. Type of Business: Please select the category that most closely fits your business. <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Health Services <input type="checkbox"/> Other <input type="checkbox"/> Service Industry (Hair/Nail Salon, Day Spa, Barber Shop, Pet Grooming, Etc.)			
18. Number of Employees, including owner(s): Part Time: Full Time:			
19. How will you be using the grant funds? (select all that apply) <input type="checkbox"/> Rent/Lease/Mortgage <input type="checkbox"/> Payroll <input type="checkbox"/> Other			
20. Please provide a brief statement as to how your business has been impacted by COVID-19. 			

21. Businesses are required to be in good standing, do any of the following apply?

Outstanding Code Violations Delinquent Accounts, Taxes, and/or Liens N/A

a) If any apply, please explain (Note: Reponse does not automatically disqualify)

The Following Business Types are NOT Eligible for Funding.

- Non-Profit Organizations
- Real Estate/Realtors and associated businesses
- Mortgage Companies, Title Companies, etc.
- Financing Entities, such as Banks, CPAs
Financial Advisors, etc.
- Office Type Businesses
- Home Occupations
- Manufacturing businesses that remained open
related to essential services
- Businesses that were considered essential and
allowed to stay open (with exception of sit
down/dine in restaurants)
- Businesses related to the construction industry
- Businesses that sublet space within another
business establishment (does not have a
separate physical commercial storefront)
- Property Management Business/Property
Owners

Application Checklist

- Fully completed and signed application
- Completed W-9 Tax Form
- Proof of Monthly Rent/Lease/Mortgage Payment (copy of rent/lease/mortgage contract & bank statements showing proof of payment)
- Proof of current Pacific Gas & Electric (PG&E) utility bill (copy of bill & bank statements showing proof of payment)

**Application deadline is Friday, October 30, 2020 at 5:00 PM.
Incomplete applications will not be accepted.**

I hereby certify that the information on this form is accurate and complete, and I am the legal responsible party. I understand that this self-certification may be subject to further verification by the City of Huron. I, therefore, authorize such verification, and will provide supporting documents, if necessary. I declare, under penalty of perjury, the above to be true and correct.

Signature: _____

Date: _____

Printed Name: _____

Business Owner(s): _____