



**City of Elko New Market
Business Emergency Grant Program Application**

1. Name of business: _____
2. Business street address: _____
3. Business mailing address: _____
4. Name and title of business owner: _____
5. Business owner cell #: _____ Email _____
6. Name and address of all other individuals owning 20% or more of the company: _____
7. Nature of business: _____
8. Type of business organization:
 Contract Purchaser Limited Partnership Partnership
 Sole Proprietor Limited Liability Company Corporation
9. Are you a for-profit business with a brick and mortar commercial presence within the City limits of Elko New Market or an in-home daycare provider? YES NO
10. Have you been operating in the City of Elko New Market since March 1, 2020? YES NO
11. Do you intend to continue your business operations within the City of Elko New Market? YES NO
12. Are you licensed, in good standing with the Minnesota Secretary of State's Office and with the City of Elko New Market, and current on property taxes? YES NO
13. Can your business demonstrate a loss in revenue since March 1, 2020 due to the COVID emergency?
 YES NO
14. Grant amount requested: _____
15. List of individual items grant will cover. Attached receipts and/or invoices for all reimbursable expenses:

	Description of Item	Name & mailing address of service provider or vendor	Amount
1.			\$
2.			\$
3.			\$



16. Select which best applies to your business:

- My business was required to close, or my business operations were substantially interrupted due to COVID-19 by governor’s executive order 20-04 or 20-08 impacting restaurants, bars, fitness centers, personal care services, etc.
- My business was required to close, or my business operations were substantially interrupted due to COVID-19 by governor’s stay-at-home executive order issued March 25, 2020.
- My business closed voluntarily to promote social distancing measures or was substantially impacted by decreased customer demand because of the COVID-19 public health emergency.

17. Required certifications. The applicant must read and initial each of the following:

- ___ As the applicant, I certify this grant is necessary and a result of unforeseen business expenses or business interruption due to the COVID 19 public health emergency.
- ___ I acknowledge the City is relying on statements made by me as the applicant when evaluating the application. If representations in the application are found to be inaccurate, I shall reimburse the City for the full amount of any grant received. I understand and acknowledge that I may be required to demonstrate the representations to city, state, or federal agencies at some point in time.
- ___ I represent and certify I have not received other federal, state, or local COVID related assistance for the same expenses or reimbursements applied for herein.
- ___ I authorize the City of Elko New Market to share any information or materials necessary to review my application for the Elko New Market Business Emergency Grant Program with other City staff members. I also authorize the City of Elko New Market to make inquiries necessary to verify the accuracy of statements made on this application.
- ___ I certify that I have read, understand, and agree to comply with the policy for the Elko New Market Business Emergency Grant Program. I certify the information included and attached hereto is factual and that I am authorized signatory for the business referenced herein.

18. Please attach the following:

Provide proof that your business is in good standing with the Secretary of State’s Office. (<http://mblsportal.sos.state.mn.us/Business/Search>, enter your business name, select “details” on the tab by your business name in the search results. Print the page or save a screen shot.)

Authorized Applicant Signature: _____ Date: _____

Applicant Name (printed): _____



DATA PRIVACY: Applications shall be considered private, however, the names of those receiving grants and the grant amount shall be public information.

FOR OFFICE USE ONLY:

Application received on: _____ Application reviewed by: _____ Date: _____

____ Approved ____ Denied Reason for denial: _____

Grant amount approved: _____