

# SEQUATCHIE COUNTY RLF COVID19 RELIEF GRANT APPLICATION

## COMPANY INFORMATION

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

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

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

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

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

Tax ID Number: \_\_\_\_\_ Date Established: \_\_\_\_\_ State of organization: \_\_\_\_\_

Company Organizational Structure:

C-Corporation

S-Corporation

Sole Proprietorship

Limited Liability Company (LLC or LLP)

Limited Partnership

General Partnership

Company is:  Minority-Owned  Woman-Owned #of Employees prior to COVID19 \_\_\_\_\_

## PRINCIPAL OWNER INFORMATION

Full Name: \_\_\_\_\_ Percent Ownership \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Are you presently under indictment, on parole, or on probation? \_\_\_\_\_
2. Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? \_\_\_\_\_
3. Have you ever been convicted of any criminal offense other than a minor motor vehicle violation? \_\_\_\_\_

## Narrative of Need: How has your business been negatively impacted by COVID19?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documents: Business License \_\_\_\_ Copy of ID: \_\_\_\_ Picture of Store Front: \_\_\_\_

I, the applicant, certify all information is true and correct to the best of my knowledge. I certify that I am the owner of the business described in this application.

I hereby release Sequatchie County Government from any and all claims of liability arising from the Sequatchie County RLF COVID19 Relief Grant Program.

Business Owner Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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RECEIVED BY Sequatchie County: \_\_\_\_\_  
Signature Date

Submitted to SETD for release of funds on \_\_\_\_/\_\_\_\_/2020