

**Egg Harbor City
COVID-19 Small Business Assistance Program
Pre-Application**

I. GENERAL INFORMATION

Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Contact Person: _____

Work Telephone #: _____ Cell #: _____

Email address: _____ Website: _____

II. COMPANY PROFILE

Structure of Business (Check One)

- C-Corporation
- Limited Liability Co. (LLC)
- Sole Proprietorship
- Sub Chapter S Corporation
- Partnership
- Trading As/Doing Business As

Month/year Business was established: _____

Type of Business: _____

III. EMPLOYEE INFORMATION:

Number of employees: _____ Full-time: _____ Part-time: _____

IV. FINANCIAL NEED

Brief Description of COVID-related Need:

Estimated lost revenue due to COVID:

V. SUPPORT INFORMATION & STATEMENTS THAT WILL BE REQUIRED

1. Copy of NJ-WR30 for proof of employees w W-2s
2. Income tax return for sole proprietorships
2. Copy of Lease
3. Copy of utility bills
4. Real estate tax bill
5. New Jersey Business Registration Certificate- NJ Department of Taxation/Div Revenue
6. Business W-9 (must be signed)
7. Other Grants or loans received from CARES Grants, Insurance, State Funding or SBA Loans

The Business certifies that the information and documentation contained in this pre-application is accurate, complete and true to the best of his/her knowledge. The Business also certifies that it has read and understands the summary application guidelines as published on the Township website and required documentation, including the commitment to create, retain or rehire at least one employee.

Name of Business:

Signature/Title:

Date: