

CITY OF ROCK FALLS GRANT APPLICATION

Choose One:

- HOSPITALITY (Hotel-Restaurant-Bar)
- SMALL BUSINESS GRANT (Non-essential businesses)

1. Email address for contact:

2. Person completing application:

3. Home address:

4. Phone Number:

5. Legal Name of Business:

6. Business Address:

7. Business Phone:

8. Type of Business Operated:

9. Number of Years in Business at current location:

10. Business Ownership: Sole Proprietorship/Partnership/
Corporation/LLC/Other

11. Name, Address, phone numbers of those owning 20% or more of the
business

12. Number of employees prior to COVID-19

13. Number of employees currently

14. Brief description of the reason for your request of grant funds

15. Has your business experienced a loss of sales due to COVID-19?
Approximate percentage?

16. Documents to be submitted with the application:

Profit & Loss statement 2019

First page of business income tax statement 2019

Copy of Employer identification Number (EIN)

The undersign making application for the grant, attests that the grant monies awarded will be utilized for the purposes described on the application and that they will cooperate with requests for information documenting the same, to the extent that the City desires the same. All statements and information provided in this application are affirmatively represented to be true and correct. The City reserves the right to independently verify any or all of the information presented for the consideration of the grant. In addition, the applicant represents that the funds will be used in a manner that supports and promotes tourism and/or overnight visitors to the City of Rock Falls.

Print Name

Signature

Date