



CITY OF VERNON CARES ACT 2020 – GRANT APPLICATION

Section 1. APPLICATION SIGNATURE

The undersigned, by signing this document, verifies that the information contained herein and in all attachments and all supporting documents and materials, is true and complete, that I/we have the authority to apply for this grant on behalf of the business, and intend to use the grant proceeds for business recovery and continuation purposes.

Print Name _____

Date _____

Signature _____

By signature and submission of this application, the applicant(s) agree that should they receive the grant, the applicant(s) name, the business name, grant amount, demographic information, and other relevant information may become public information. Personal identification information will not become public.

By signature of this application the applicant(s) assert not to hold The City of Vernon City Council, its grant processing agent, or any member of the grant review committees liable should you not receive the grant.

Section 2. ELIGIBILITY

Your business must be:

1. A for-profit privately held small business or church organization that was established on or before January 1, 2019
2. Must have a physical location in Vernon, Florida (City limits)
3. May be a business franchise that is locally owned (not a company-owned location facility)
4. Businesses must be registered with Sunbiz.com

ALL OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS GRANT PROGRAM!

INELIGIBLE BUSINESSES:

1. A business deriving more than one-third of gross annual revenue from legal gambling activities
2. A business engaged in any illegal activity
3. A business that presents live performances of an indecent sexual nature or derive directly or indirectly more than 2.5% of gross revenues through sales of product and/or services, or the presentation of any depictions or displays of an indecent sexual nature
4. A business that has a primary purpose of facilitating polyamorous relationships
5. Escort services

INELIGIBLE BUSINESSES DO NOT QUALIFY FOR THIS GRANT PROGRAM

Section 3. REQUIRED APPLICANT DOCUMENTATION

1. Completed and signed application
2. Section 1 of this application must be completed and signed by individual(s) who, individually or collectively own 51% or more of the equity of the business, as shown on the business' registration
3. A copy of the signing individual(s) driver's license or US Passport for identification purposes
4. A copy of Sunbiz.com registration (for businesses); churches must be active
5. Businesses must possess a current City of Vernon occupational license

COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE GRANT COMMITTEE TO DETERMINE A GRANT DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 3 DAYS OF THE REQUEST.

COMPLETED grant applications will be sent to the Grant Review Committee in the order that they are received. Incomplete application forms or application forms not accompanied by all relevant supporting documents are not considered received and will not be sent to the Grant Review Committee.

Each applicant OR business may receive only one grant from this business program.

If you receive the grant, the check will be made out to the business entity name for deposit. We will mail the check to the grant recipient.

1. ORGANIZATION TYPE:

Sole Proprietorship Partnership Corporation S-Corporation Limited Liability Company

Other Type: _____

2. BUSINESS LEGAL NAME: (verified by Sunbiz.org) _____

3. TRADE NAME: (if different than legal name) _____

4. EIN (EMPLOYER IDENTIFICATION NUMBER): _____

5. MAILING ADDRESS: Number, Street, and/or Post Office Box: _____

City / State / Zip Code _____

6. BUSINESS PROPERTY ADDRESS(ES): Street Address _____

City / State / Zip Code _____

DO YOU Own Lease

7. PRIMARY BUSINESS ACTIVITY: _____

7. NUMBER OF EMPLOYEES (PRE-DISASTER) _____

8. DATE BUSINESS ESTABLISHED (MM/YYYY) _____

9. OWNERS: (must include all of the following information)

Application must include the following information for the individual(s) who, individually or collectively own at least 51% of the equity of the business, as evidenced by the business tax returns.

OWNER APPLICANT #1 (if owns less than 51%, additional owner applicant(s) are needed)

Full legal name _____ Title/office _____ % Owned _____

Email address _____ Phone Number _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ US Citizen (Y/N) _____

OWNER APPLICANT #2

Full legal name _____ Title/office _____ % Owned _____

Email address _____ Phone Number _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ US Citizen (Y/N) _____

14. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

Signature of Individual _____

Print Individual Name _____

Name of Company _____

Phone Number (include Area Code) _____

Street Address _____

City, State, Zip _____

Unless the **NO** box is checked, I give permission to discuss any portion of this application with the representative listed above. **NO**