



BUSINESS ASSISTANCE PROGRAM Small Business Assistance Grant

Date Submitted: _____

Business Name: _____

Type of Business: _____

Physical Business Address: _____

Business Phone: _____ Email: _____

BUSINESS OWNERSHIP

Name of Owner: _____

Address of Owner: _____

Owner Phone: _____ Email: _____

QUESTIONS

Please reply to each question below. By providing an affirmative response to any of these questions you signify that you can verify the corresponding information for the City of Beaumont Business Assistance Program.

What is the current status of your business?

- Open – no restrictions
- Open with restrictions
- Closed

Please explain: _____

What date was the business established? _____

What date did the business establish a physical location within Beaumont? _____

Does the business have a valid Beaumont Business License? Yes No

Is the business in good standing with the City of Beaumont?
(No outstanding code violations, compliance orders, etc.) Yes No

Did the business have fewer than 15 employees as of March 1, 2020? Yes No

How many full-time employees does the business have as of the date of the application? _____

Since March 2020, has the business received assistance from any other County, State, or Federal program? Yes No

If yes, please explain: _____

Can verification be provided that demonstrates the business was negatively impacted by the coronavirus pandemic? Yes No

If yes, please explain: _____

Is the business home-based? Yes No

Is the business engaged in any illegal activities, the adult entertainment, gambling, or cannabis industries? Yes No

What are the sources of revenue for the business? _____

Is the business willing to participate in the City of Beaumont Safe Business Pledge Program?
(Information on the program is available at BeaumontCa.gov/Pledge) Yes No

Is the business willing to complete a Grant Agreement with the City of Beaumont obligating the use of the grant funds for the intended purpose? (An executed copy of the agreement is required with this application.) Yes No

APPLICATION CERTIFICATION

I declare that I am the owner of the business applying for this grant. I have read the foregoing City of Beaumont Business Assistance Program Small Business Assistance Grant Application and understand the questions and requirements. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I acknowledge that the completion of this application does not in any way indicate eligibility or approval. I acknowledge that, due to the limited funds available for the program, some qualifying applications including this one may not be funded.

Name: _____ Title: _____

Signature: _____ Date: _____