



# City of Nome

## PHASE SEVEN APPLICATION FOR RESTAURANTS, BARS, COFFEE SHOPS, BAKERIES, HOTELS, INNS AND B&BS

**APPLICATION DEADLINE IS AUGUST 16, 2021 AT 5PM AKT**

Name of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Please check:

Restaurant \_\_\_\_\_ Bar: \_\_\_\_\_ Restaurant and Bar: \_\_\_\_\_ Hotel/Inn/B&B \_\_\_\_\_

Please state your gross sales for March 2019 \_\_\_\_\_ and March 2021 \_\_\_\_\_  
\_\_\_\_\_. If your gross sales were higher in March 2021 you are not eligible for the grant. If you're your gross sales were less for March 2021 please subtract from 2019 and then please multiple by 75%

March 2019 sales \_\_\_\_\_

March 2021 sales - \_\_\_\_\_

Total loss sales: \_\_\_\_\_ multiply by 75% total \_\_\_\_\_

What is that final number: \_\_\_\_\_

The City of Nome CARES Act funds will reimburse your business up to \$10,000.00\* of that final number. \*The City of Nome has allocated \$170,000.00 to this phase of CARES funds. If requests should exceed funds allocated, funding will be based on a pro-rationing the funds.

I declare that my business has been financially impacted and the gross dollars of sales for March 2019 and March 2021 is accurate. I certify that the information provided is true and accurate and I agree to assist in the verification of information provided in this application. And, I agree to provide additional information to the city, if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

A W-9 form is required to be attached to this form when submitted. Please submit as one PDF file to [manager@nomealaska.org](mailto:manager@nomealaska.org) or fax to 907-443-5345.