



Business Owner's Personal Information

Please list all owners of the businesses.

Full Name: _____ Phone: _____
Home Address: _____ Alt Phone: _____
City State _____
Zip: _____

Full Name: _____ Phone: _____
Home Address: _____ Alt Phone: _____
City State _____
Zip: _____

Full Name: _____ Phone: _____
Home Address: _____ Alt Phone: _____
City State _____
Zip: _____

Business Information

Full-Time Employees : _____ Rent or Own: _____
Part-Time Employees: _____ Years in business: _____

Have you applied for any other federal or state COVID-19 response grants or loans YES NO
If yes, were you awarded any funds? YES NO

Disclaimer

The Applicant hereby understands and agrees to the following:

- 1. Eligibility for financial assistance from the St. Paul IDA is determined by the information presented in this application and the required attachments. Any changes in the proposed request from the facts presented herein could disqualify the project. Therefore, the St. Paul IDA immediately must be advised in writing of any material changes in the information contained in this application.
- 2. The Applicant understands that neither the submission of the application nor any other communications (oral or written), creates any legal binding obligations up the St. Paul IDA. There is no guarantee of approval and only completed applications will be considered.
- 3. The St. Paul IDA may require supplemental information from time to time. Any such submitted supplemental information shall become part of this application.
- 4. This application shall form a part of any financing or loan agreement between the parties, whether or not expressly adopted by any such financing or loan agreement.
- 5. To keep submitted financial information confidential and not part of public records (unless such information is required by law to be open to the public), each page must be marked "CONFIDENTIAL".
- 6. Applicant authorizes the St. Paul IDA to contact any credit references, obtain credit reports, and otherwise perform whatever background investigations or obtain whatever information the IDA deems necessary or desirable in processing this application.



Attestation and Signature

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true and correct to the best of his/her knowledge and belief, and are submitted to obtain financial assistance from the St. Paul Industrial Development Authority.

1. *Information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects.*
2. *All local business taxes, licenses, and fees are current.*
3. *Business is physically located in the Town of St. Paul limits. Home-based businesses are not eligible.*
4. *Financials from the first quarter of 2020 and other pertinent information shall be supplied with the application.*
5. *The Applicant will provide the Lender documents verifying how the funding has been used. Grants awarded will be a reimbursement so all receipts, invoices, and payroll documentation must be submitted before funds are dispersed.*
6. *Funds may be used for rent, utilities, payroll, insurance, sanitation, inventory, and to pay any debt that is secured by the St. Paul IDA. All other forms of debt are not eligible usages of this funding.*
7. *If applying for a loan, this loan is not forgivable.*

Signature: _____ Date: _____

Print Name: _____

Submit one original copy of this application by one of the following options:

- **Mail:** St. Paul IDA, PO Box 1262 – St. Paul, VA 24283
- **In-Person:** St. Paul Town Hall, 16531 Russell Street – St. Paul, VA

Supporting Documents:

- _____ 2019 Financial Documents
- _____ 2020 First Quarter Financial Documents
- _____ 2020 February, March, April Sales/Income
- _____ Copy of St. Paul Business Licenses
- _____ Receipt of Paid Local Taxes