

City of Hopkinsville COVID-19 Small Business Stimulus Program Application

This information will be used by the City of Hopkinsville to determine the eligibility of the applicant and will be kept in strict confidence unless release is required under the Open Records Act.

The document should be filled out in its entirety. One application per business will be accepted. Incomplete applications could delay processing and approval.

Documents needed to complete application:

- Federal ID Number or Social Security Number under which Business License is issued from the City of Hopkinsville
- Name under which Payroll Withholdings are paid (if applicable)
- Owner Information must match City Business records

Business Information

Business Name _____

Federal ID Number or Social Security Number _____

Business Address (physical location) _____

Business Mailing Address, if different _____

Owner Information

Owner Name _____

Owner Home Address _____

Owner Phone Number _____

Owner E-mail Address _____

Applications *received* before November 2nd are considered invalid and will not be processed

Additional Co-owner(s) Information (name, address, phone number, and e-mail):

- 1. _____

- 2. _____

- 3. _____

Qualifying Questions – Answer for Each Owner

- 1) How many full-time employees receive a W-2 from your business? _____
- 2) How many part-time employees receive a W-2 from your business? _____
- 3) Does the applicant(s) owe any taxes/fees to the City of Hopkinsville? **Y or N**
- 4) Does the business owe any taxes/fees to the City of Hopkinsville? **Y or N**
- 5) Has the business experienced a loss due to COVID-19? **Y or N**
- 6) Has your business permanently closed? **Y or N**
 - a. If yes, when did you close? _____

Owner Certification

I hereby represent and certify to the best of my knowledge that the information contained on this application is true and complete and accurately describe the proposed request. The undersigned also agrees that once the application with the City is signed, the applicant(s) will share any other requested information with the City. Inability to share additional information could cause the application to be invalid.

Signature of Applicant(s)

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Please return this application to the City of Hopkinsville, PO Box 707, or 715 S Virginia Street no later than November 16, 2020

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