



# APPLICATION FOR JORDAN SMALL BUSINESS RELIEF FUND

CITY OF JORDAN  
210 EAST FIRST STREET  
JORDAN, MN 55352  
952-492-2535

Business Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Owner Information ([ ] Check if same as above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

Business Type: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Date Established: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

Has your business received a Federal Payment Protection Program Loan? \_\_\_ Yes \_\_\_ No

## Application Requirements:

- Proof of payment of property taxes as of March 1, 2020
- Statement of rationale for request (fewer than 500 words)
- Documentation demonstrating significant loss in revenue since March 15<sup>th</sup>, 2020 relating to the COVID 19 Emergency

I certify that I have read the *City of Jordan Small Business Relief Fund Policy*, that my business is eligible to receive funds through the program, and that all information submitted is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owners' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_ DATE COMPLETE: \_\_\_\_\_ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY \_\_\_\_\_

DATE OF ACTION: \_\_\_\_\_

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY STAFF ACTION: \_\_\_\_\_