



Town of Wallburg
CARES Act-COVID 19 Business Grant Application

Date: _____
Requested Amount of Grant: \$ _____

Business Name: _____

Address: _____

Contact Person: _____

Title: _____ Telephone: _____

Email: _____

- For-Profit Non-Profit
- Corporation (State of Incorporation: _____)
- Limited Liability Company (State of Organization: _____)
- Partnership
- Sole Proprietorship
- Other: _____

Federal Tax ID #: _____

Description of Business: _____

Years of Business in Wallburg: _____

Number of Paid Employees in Wallburg: _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your company been in operation in Wallburg since March 1, 2020. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your company current on all town and county taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your company current on all North Carolina taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your company current on all Federal taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your company subject to a collective bargaining agreement? |

I hereby certify that the information provided on this application is correct under penalty of law:

Signature of Applicant: _____

Document Checklist: You must include the following documents with your application:

- Federal W-9 for your company/organization
- Copy of applicant's valid driver's license or government-issued photo ID
- Proof of paid county property tax (Receipt, or printout showing proof)
- Certificate of Good Standing from NC Secretary of State (if a corporation or LLC or other entity required to file an Annual Report)
- All Documentation (Receipts, etc.) supporting the amount of the grant requested.