



**WILMETTE LOCAL RESTAURANT ECONOMIC RELIEF PROGRAM
(Grant Program Application)**

BUSINESS OWNER INFORMATION		
Doing Business as Name:		
Business Address:		
City: Wilmette	State: Illinois	Zip: 60091
Contact Email:		
Contact Phone Number:		

BUSINESS INFORMATION	
List ALL individuals with an ownership interest in the business:	
Number of years in business:	Number of years in business in Wilmette:
Does your business have a current Village of Wilmette Business License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your business operating in Wilmette on October 28, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your business operating in Wilmette from December 2018 to November 2019? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If answer to the above is "No", when was your business first in operation in Wilmette?	
Does your business collect and pay sales tax to the State of Illinois? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If answer to above is "Yes", was your municipal sales tax eligible revenue from December 2018 to November 2019 between \$50,000 and \$7,500,000? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/>	
If answer to above is "No", is your businesses estimated annual sales between \$50,000 and \$7,500,000? ² Yes <input type="checkbox"/> No <input type="checkbox"/>	

¹ For businesses that did not operate for the full 12 months between December 2018 and November 2019, the sales during the businesses operational period will be annualized to the equivalent of 12 months. This total must equate to over \$50,000 and under \$7.5 million to be eligible.

² For restaurants that were not operational in 2019, the Village will require monthly sales information during the restaurants operational period. This amount will be averaged and multiplied over 12 months. The Village reserves the right to place a cap on the maximum grant award for businesses without a full year's worth of sales tax data which may be less than the average monthly sales multiplied over 12 months.



BUSINESS INFORMATION (continued)

Has your business suffered a 15% or greater loss of revenue from October 28, 2020 to the date of this Application when compared to the same time frame in 2019? Yes No

Do you Rent or Own Property where Business is located: Rent Own

Number of Employees on October 28, 2020: _____ Current Number of Employees: _____

Is your business part of a franchise system? Yes No

Is your business part of a chain with more than 4 locations (units)? Yes No

Is your business generally open to the public? Yes No

Is your business a home occupation? Yes No

Is a minimum of fifty percent (50%) of primary sales from restaurant or bar service? Yes No

How many of the following are available for indoor dining at your business? Tables _____ Seats _____

Is your business in compliance the State of Illinois' COVID-19 mitigation guidelines? Yes No

Mark what you intend to use this rebate for:

Payroll Payment to Suppliers Utilities Payment to Service Provider

Other (must describe): _____

ATTACHMENTS REQUIRED

Federal tax form W-9 is required for all applications

Statement of monthly revenues or disclosure statement (*Certified by attorney or accountant*)



ATTESTATION, ACKNOWLEDGMENT & SIGNATURE

Execution of this application constitutes a grant agreement and creates specific obligations on the part of the Applicants, and I hereby affirm that I have reviewed and understand the Administrative Rules governing the Grant Program. I hereby affirm that I have full legal capacity to authorize the filing of this application and that to the best of my knowledge and belief, the information stated in this application and in all supporting documentation is true and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I hereby agree that I personally guarantee any refund required pursuant to failure to strictly adhere to the Administrative Rules and the Grant Program parameters. I permit Village representatives to make all reasonable inspections and investigations of the business' financial and proprietary information during the process period of this application. As the owner of this business, I hereby certify that this application and the use of any provided Grant proceeds shall be in accordance with all applicable ordinances, codes, and the Grant Program Administrative Rules.

Applicant Signature:

Date:

Printed Name: