



**WILMETTE SERVICE BUSINESS ASSISTANCE GRANT 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 March 17, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your business operating in Wilmette in Calendar Year 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?	
Did your business generate revenues in Calendar Year 2019 between \$50,000 and \$7,500,000? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your business suffered a 15% or greater loss of revenue from March 17, 2020 to the date of this Application when compared to the same time frame in 2019? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you Rent or Own Property where Business is located: Rent <input type="checkbox"/> Own <input type="checkbox"/>	
Number of Employees on March 17, 2020:	Current Number of Employees:
Is your business part of a franchise system? Yes <input type="checkbox"/> No <input type="checkbox"/>	

¹ For businesses that did not operate for the full 2019 Calendar Year monthly revenues during the businesses operational period will be averaged and multiplied over 12 months. This total must equate to over \$50,000 and under \$7.5 million to be eligible.



BUSINESS INFORMATION (continued)	
Is your business part of a chain with more than 4 locations (units)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your business generally open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your business a home occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mark the appropriate business type (<i>refer to Program Rules for more detailed information on eligibility</i>):	
<input type="checkbox"/> Amusement and Recreation	<input type="checkbox"/> Fitness Facilities <input type="checkbox"/> Automotive Services
<input type="checkbox"/> Animal Care Services	<input type="checkbox"/> Educational and Instructional Services <input type="checkbox"/> Personal Services
<input type="checkbox"/> General Repair Services	<input type="checkbox"/> Spa and Beauty Services
<input type="checkbox"/> Other (must describe):	
Mark what you intend to use this rebate for:	
<input type="checkbox"/> Payroll	<input type="checkbox"/> Payment to Suppliers <input type="checkbox"/> Utilities <input type="checkbox"/> Payment to Service Provider
<input type="checkbox"/> Other (must describe):	

ATTACHMENTS REQUIRED
<input type="checkbox"/> Federal tax form W-9 is required for all applications
<input type="checkbox"/> Federal tax return form from most recent filing (2018 or 2019); <i>must contain same exact information as submitted to IRS and IDOR.</i>
<input type="checkbox"/> Statement of annual revenues or disclosure statement (<i>Certified by attorney or accountant</i>)



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:	