



CITY OF COVINGTON

Small Business Program Application

Check box of which category you wish to apply:

- Rent Incentive (Grant)
- Machinery, Equipment, Fixture, and Furniture Costs (Forgivable Loan)
- Professional Services (Grant)

Applicant Information

Applicant Name(s): _____ Application Date: _____

Applicant Mailing Address: _____

Phone: _____ Email: _____

Business Information

Business Name (D/B/A if applicable): _____

New Business: Yes _____ No _____ Existing Covington Business: Yes _____ No _____

Expansion of Business located elsewhere: Yes _____ No _____

Previous Business Address (If applicable): _____

Square footage of existing location: _____

Square footage of new location: _____

Type of Business: _____

Service/Product: _____

Covington Business Address (Where assistance is requested): _____

Federal Tax ID#: _____

Time at Location or Length of New Lease: _____ Monthly Rent: _____

Do you have an executed lease agreement: Yes _____ No _____

Landlord Name: _____

Landlord's Mailing Address: _____

Landlord's EIN or SS#: _____

Number of Employees at Covington Location: _____ Hours of Operation: _____

Are you receiving grant assistance from any other governmental agencies: Yes _____ No _____

If yes, list any additional grant sources and amounts: _____

CERTIFICATION AND WAIVER OF PRIVACY

I, the undersigned, applicant(s) certify that all information presented in this application, and all of the information in support of the application, is given for the purpose of obtaining a grant or forgivable loan under the City of Covington Small Business Program, and it is true and complete to the best of the applicant(s) knowledge and belief. The applicant(s) further certifies that he/she is aware of the fact that he/she can be penalized by fine and/or imprisonment for making false statements or presenting false information.

I understand that this application is not a guarantee of grant assistance. Should my application be approved, I understand that the City of Covington may at its sole discretion discontinue subsidy payments or reimbursement at any time for cause.

I hereby give my consent to the City of Covington, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize my bank, employer or other public or private entity or agency to disclose information deemed necessary to complete this application. I understand that the information provided herein could be considered a "public record" and be subject to disclosure pursuant to the Kentucky Open Records Act.

I understand that if this application and/or the information furnished in support of the application are found to be incomplete, it will not be processed.

Applicant/Tenant's Signature: _____ Date: _____

Printed Name: _____

Title: _____

Applicant/Tenant's Signature: _____ Date: _____

Printed Name: _____

Title: _____

****SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF FUNDING****

SUPPORTING DOCUMENTATION CHECKLIST

Application packets must include the following documentation:

- Completed and signed application
- Completed and signed W-9
- City of Covington occupational licenses and copy of all State and federal business licenses, if required
- Copy of the corporate documents for the applying business entity
- Copy of executed or proposed multi-year commercial lease agreement
- Landlord Tax ID
- Business plan, including executive summary and three-year financial projections of revenues and expenses and market analysis at location within application
- Two (2) years of financials and corporate tax returns (for existing businesses only)
- Two (2) years of tax returns for the owners of a new business
- Resume(s), qualifications, experience and track records of business owners
- List of jobs to be created and filled including job descriptions, pay range and weekly schedule. For existing businesses, provide a list of all current positions including job descriptions, pay range and weekly schedule

For Machine, Equipment, Fixtures & Furniture Category ONLY:

- List of items to be purchased & purpose
- Itemized cost of the item

For Professional Services ONLY:

- Copy of proposals (must include detailed scope of services)
- Executed Contract (will be required once approved)