



# COVID-19 CDBG-CV SMALL BUSINESS ASSISTANCE PROGRAM



## Preliminary Application Intake Form for Lottery

(Submit to Economic Development Division at 7100 Garfield Ave, Bell Gardens, CA 90201)

Legal Name of Business:			
Business Address:			
Business Telephone:			
Name of Business Owner(s):			
Owner(s) Telephone/Mobile			
Owner(s) e-mail:			
Federal Employer Identification Number (FEIN):			
Bell Gardens Business License Number:			
Date Business was established in Bell Gardens:			
Date of original commercial lease in Bell Gardens:			
Current lease term Date:		to	
Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?			<b>Yes</b>
			<b>No</b>
If yes, please explain:			
Is the Business or any owner of the Business presently suspended, debarred, proposed for debarment, and declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?			<b>Yes</b>
			<b>No</b>
Principal product/Service:			
Please provide a description of the business and services/products offered:			
Has the business received any federal funds in the past twelve months?			<b>Yes</b>
			<b>No</b>
If yes, please explain:			
When did your business close and re-open following the County Health Officer's Order?			
Close Date:		Re-open Date:	
How has Covid-19 affected your business?			

**Documentation of Business Status**

Legal Name of Business:	
Number of Persons in family	
Income for Owner Family (all family members 18 and over?)	

2020 Los Angeles County Moderate Income Limits						
Number of Persons in Family						
1	2	3	4	5	6	7
\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750

Number of current employees, including the owner, officers, full/part-time and leased employees:					
Owner/Authorized Signers Name:					
As the business owner, do you also work in the business?	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No		
Yes	No				
Is this your only source of income?	<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No		
Yes	No				

Please explain other sources of income:

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Principals/Owner Owning 20% or more of the business-Provide Title(s) and Percentage of Ownership:

Name:		Title:		% Ownership	
Name		Title:		% Ownership	
Name		Title:		% Ownership	
Name		Title:		% Ownership	

**Certification of Applicant:**

I hereby certify that I have read and understand the *Guidelines* to the City of Bell Gardens CDBG-CV Small Non-Essential Business Assistance Program.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in my application being canceled or denied. I understand that I will be required to verify the information I have provided here, and will be required to complete a full application if approved for the next stage in the application process.

Signature:		Date:	
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