



**COVID Grant Relief Program  
Applicant Form**

Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Owner/Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_

**Please complete and return general demographic form with applicant form**