

Town of Lovettsville

Town Business Interruption Fund Application for ARPA Funds

Applicants acknowledge grant amounts and recipients will be a matter of public record. Applicants that can verify that they meet the grant criteria will be placed into a pool for final consideration. The amount received by a business will be calculated based on a weighted formula, but the maximum distribution a business can receive cannot exceed losses related to COVID-19.

All applicants must be in good standing with the Town of Lovettsville including a valid business license and have previously held a Town business license in 2019.

Please print out this application and complete all fields below. Please submit one application per business. If you own multiple businesses in the Town of Lovettsville, you must add a separate Business Application for each Business.

Applications are due to Town Hall by Friday, December 30, 2022.

If you have any questions, please feel free to contact Lizzy Fontaine, Town Clerk at (540) 755-3001 or clerk@lovettsvilleva.gov.

First Name of Legal Business Owner Please use the legal business owner name as listed on the IRS Form W-9 and Business License Form.

Last Name of Legal Business Owner Please use the legal business owner name as listed on the IRS Form W-9 and Business License Form.

Business Name as Listed on IRS Form W-9 and Business License Form

DBA/Trade Name of Business (if applicable)

Type of Business (Please check one)

- Individual sole proprietor
- Single member LLC
- Corporation
- Partnership
- Trust estate
- Limited liability company
- Other Please describe _____

Business Address

Street Address _____

City _____ State _____ Postal / Zip Code _____

Applicant’s Home Address if different than business address:

Street Address _____

City _____ State _____ Postal / Zip Code _____

Is your business located in the corporate town limits of Lovettsville? (Please check one)

- Yes
- No, my business is not located in an incorporated town.

Does your business have an Employer Identification Number (EIN)?

- Yes
- No If no, what is your Social Security Number (SSN) associated with your business? _____

This business is a licensed and operational for-profit business in the Town of Lovettsville.

- Yes
- No

Did this business receive a grant from the COVID-19 Loudoun Business Interruption Fund previously?

- Yes If so, how much did you receive? \$ _____
- No

Lease Expiration Date (if not applicable, please type N/A) _____

Monthly Rent/Mortgage \$ _____

Actual 2019 Gross Revenue \$ _____

Per the submitted federal filing documentation

Actual 2021 Gross Revenue \$ _____

Per the submitted federal filing documentation

Please provide a brief narrative of the impact that COVID-19 has had on your business.

Please describe how the Town's Business Interruption funding will be used to help you retain your employees (if applicable) and keep your business operating during these challenging times. Please provide specific amounts for payroll, rent, utilities, etc.

Please provide any other information you would like considered as part of this application.

Please provide the following as an attachment to the application

- 1) *IRS Form W-9*
- 2) *Federal Filing Forms for 2019, 2020, and 2021*
- 3) *Town Business License Form*
- 4) *Loudoun County EDA ACH Form*
- 5) *A voided check*

Note: You will not receive any funding without W-9 and ACH forms properly filled out and signed. Gross Revenue for 2019, 2020, and 2021 will be verified by staff upon submission. We will not retain these records. Please click on the links below to print out W9 and ACH forms:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

https://mss.leesburgva.gov/TOLJS/EDA_ACH_Request.pdf

