



City of Dover



Dover Strong COVID-19 Relief Funds Application

Name of business: _____

Name of business owner: _____

Business address: _____

Contact person name and title: _____

Contact person email: _____

Contact person telephone: _____

Business entity classification: (circle one) **Sole Proprietorship** **Partnership**
Limited Partnership **Corporation** **Limited Liability Company**

Purpose of the business: _____

Date business began operating in Dover: _____

EIN or SSN: _____

Number of employees: _____

Qualifying amount up to \$5,000 not to exceed 2019 billed usage: _____

City of Dover Utility Account Number: _____

Documentation to Include with Application

- Completed W9
- State of Delaware and City of Dover business license
- Profit and Loss Statements for 2019 and 2020 or completed tax returns
- State of Delaware UC8 for 2020
- Documented COVID Impact
- Most recent City of Dover Utility Bill

I, _____, certify that I have reviewed all program qualifications, and I affirm that I and the business entity identified herein are in compliance with, and will abide by, all terms outlined therein. I further certify that the information provided in this application and accompanying documentation is true and correct. I understand that providing false or misleading information will result in the denial of my application.

Signature

Date

Office Use Only Received On: _____

Approved / Denied On: _____