

**Small Business Relief Program Application**  
***City of Irondale, Alabama***

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Businesses applying for the Small Business Relief Program must meet all of the following criteria:

- Must have experienced a financial hardship as a result of COVID-19;
- Must have employed less than 40 employees ;
- Must be in good standing with federal, state, and local government jurisdictions and have obtained all required licenses;
- Must be physically located in the City of Irondale;
- Must still be operating and open at the time of application; and
- Must complete and submit a W-9 form as part of the application process. The form can be downloaded online at [www.cityofirondaleal.gov](http://www.cityofirondaleal.gov). Email the completed W-9 form to [revenue@cityofirondaleal.gov](mailto:revenue@cityofirondaleal.gov). Applications received without a properly completed W-9 (including signature) WILL NOT be considered for funding.

A business may request funding based on the following criteria:

- 1-10 employees - funding up to \$2,500
- 11-20 employees - funding up to \$5,000
- 21-30 employees - funding up to \$7,500
- 31-40 employees - funding up to \$10,000

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**CERTIFICATION**

By submitting this application, you are (1) **CERTIFYING** that all information provided in this application is true and accurate; that the Applicant business entity is in good standing and authorized to conduct business under the laws of any jurisdiction(s) in which the entity is organized or operates its business; and that as of October 1, 2021, the Applicant owes no delinquent taxes, fees, or licenses to any taxing entity or authority, including the City of Irondale, unless otherwise disclosed in this application; (2) **GRANTING** us permission to contact your primary bank, mortgagor or landlord (as applicable), any owner of the Applicant or otherwise verify information included in your application if determined helpful in assessing your application; and (3) **AGREEING** to cooperate and assist in the verification of information provided in this application and to provide additional information if requested. Applicant further understands that should the Applicant herein be awarded assistance and there is a subsequent determination that misleading or false information was provided in this application or otherwise provided to obtain the assistance, the Applicant may be subject to civil or criminal penalties.

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

**APPLICANT INFORMATION**

*\* Required*

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

**ORGANIZATION TYPE \*:** \_\_\_\_\_

**ORGANIZATION'S LEGAL NAME\*:** \_\_\_\_\_

**TRADE NAME(S)** (if different from legal name): \_\_\_\_\_

**PROVIDE THE NAME(S), POSITION(S), PHONE NUMBER(S), AND EMAIL(S) OF THE INDIVIDUAL(S) TO CONTACT FOR INFORMATION NECESSARY TO PROCESS THE APPLICATION\*:**

\_\_\_\_\_  
\_\_\_\_\_

**DATE OF ORGANIZATION FORMATION\*:** \_\_\_\_\_

(This is the date of legal formation.)

**DATE BUSINESS ESTABLISHED** (if different from Date of Organization Formation): \_\_\_\_\_

(This is the date the business actually began operation.)

**STATE OF ORGANIZATION FORMATION\*:** \_\_\_\_\_

**CURRENT MANAGEMENT SINCE THIS DATE** (list date current Applicant(s) purchased business, if different from above): \_\_\_\_\_

**FEDERAL E.I.N.\*:** \_\_\_\_\_

**BUSINESS PHONE NUMBER** (including area code)\*: \_\_\_\_\_

**BUSINESS MAILING ADDRESS\*:** \_\_\_\_\_

\_\_\_\_\_  
This must include mailing address, city, state, and zip code. If the business receives funding from this program, we will use this address to mail a physical check. We will not use direct deposit.

**PHYSICAL BUSINESS ADDRESS(ES)\*:** \_\_\_\_\_

\_\_\_\_\_  
This must include the physical address, city, state, and zip code.

**Is the property owned or leased?** \_\_\_\_\_

If real property is leased, provide the name, phone, and email of the Lessor:

\_\_\_\_\_  
\_\_\_\_\_



**HAS THE ORGANIZATION, BUSINESS, OR ANY LISTED OWNER REQUESTED A DEFERMENT OF ANY LOAN AND / OR MORTGAGE PAYMENTS?** If "Yes," was such a deferment granted? Provide details including the length of the deferment. \*

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**ORGANIZATION OWNER(S)** - List the following for each owner specified below - Legal Name, Title / Office, % Ownership of Company, SSN/EIN, Complete Mailing Address, Phone Number, and Email Address. \*

"Owner" is defined as: 1) Proprietor, 2) Limited Partner who owns 20% or more interest and each General Partner, 3) Stockholder or Entity owning 20% or more non-voting or voting stock, or 4) limited liability company member owning 20% or more non-voting or voting membership.

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**DOES THE ORGANIZATION, BUSINESS, OR A LISTED OWNER HAVE ANY OUTSTANDING JUDGMENTS, TAX LIENS, PENDING OR THREATENED BANKRUPTCY PROCEEDINGS, PENDING OR THREATENED LAWSUITS AGAINST THEM, OR CRIMINAL PROCEEDINGS?** If "Yes," please explain. \*

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**IS THE ORGANIZATION, BUSINESS, OR A LISTED OWNER DELINQUENT ON ANY FEDERAL, STATE, OR LOCAL TAXES OR ASSESSMENTS; DIRECT OR GUARANTEED LOANS; LEASES; CONTRACTS; GRANTS; CHILD SUPPORT PAYMENTS; OR ANY OTHER OBLIGATIONS?** If "Yes," please explain. \*

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**DOES ANY OWNER, OWNER'S SPOUSE, OR HOUSEHOLD MEMBER WORK FOR OR SERVE IN AN OFFICIAL CAPACITY FOR LOCAL OR STATE GOVERNMENT, COMMUNITY FOUNDATION, CHAMBER OF COMMERCE, OR ANY OTHER ENTITY ASSOCIATED WITH THIS PROGRAM?** If "Yes," please explain. \*

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**PLEASE LIST MONTHLY AND ANNUAL GROSS REVENUE (prior to February 29, 2020)\*:** \_\_\_\_\_

**HAS THE ORGANIZATION REQUESTED FUNDING, INCLUDING GRANTS AND LOANS OF ANY KIND, FROM OTHER SOURCES SINCE MARCH 1, 2020 RELATING TO FINANCIAL HARDSHIP RESULTING FROM COVID-19?** If "Yes," please list all other funding sources applied to and the corresponding amounts. \*

**TOTAL AMOUNT REQUESTED AS PART OF THIS APPLICATION\*:** \_\_\_\_\_



**ARE YOU AWARE OF THE U.S. SMALL BUSINESS ADMINISTRATION (SBA) - ECONOMIC INJURY DISASTER LOAN (EIDL)? \*** \_\_\_\_\_

The Economic Injury Disaster Loan (EIDL) can provide up to \$2 million of financial assistance to small businesses. This is a low-interest federal disaster loan for working capital to assist small businesses suffering substantial economic injury as a result of the Coronavirus (COVID-19). Included in this program is a loan advance of up to \$10,000 in funding. This loan advance will provide immediate economic relief to businesses that are experiencing a temporary loss of revenue. Funds will be made available within three days of successfully completing the EIDL application (<https://covid19relief.sba.gov/>). This loan advance will not have to be repaid.

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**\*\*DISCLAIMERS\*\***

1. Application for the Small Business Relief Fund DOES NOT GUARANTEE award of funding.
2. The total amount awarded will be based on funds received.
3. All businesses receiving funding MUST complete a W-9 form prior to receipt of funding.
4. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners associated with any Small Business Relief Fund funds received by the applicant.

Please confirm your understanding of these disclaimers by placing your initials by "Yes".

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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**\*\*CERTIFICATION\*\***

By signing your name in the space below, you are certifying that all of the information provided in this application is true and accurate. You are granting us permission to contact your primary bank, landlord (if applicable), and the owners of the Applicant, if determined helpful in assessing your application. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_