

## City of Fertile

P.O. Box 628 • 101 South Mill Street • Fertile, MN 56540 (218) 945-3136 • Fax (218) 945-3236 • fertile@gytel.com

## **Small Business CARES Act Grant Application**

APPLICATION #	DATE:
Name of Firm or Business:	
Name of Person Applying:	
Address:	
Telephone Number: (Work)	(Cell)
Key Management Personnel/Owners	
Name/Title:	<del></del>
Type of Organization: (mark one)	
Sole Proprietorship	Social Security Number:
Partnership	Federal ID Number:
Corporation	
Eligibility:	
<ul> <li>Must be a locally owned and operated business located in the City of Fertile.</li> <li>Businesses &amp; organizations must be in good standing with the Minnesota Secretary of State's Office.</li> <li>Other eligibility restrictions may apply.</li> </ul>	
	ofit & loss statements from March 1, 2019 through July 31, 2019 to as proof of a significant business loss because of the COVID-19 per 19, 2020.
	nalty under law that the above information and supporting e best of my knowledge and belief and that the provisions stated
Owner Signature	