



Frankfort Emergency Relief Forgivable Loan Program Application

Application information:

Name of Business (as it appears on your W9)

DBA Name (if applicable)

Business Address

City

State

Zip

Business Contact Person Name

Title

Phone

Email

Number of Employees

Number of business locations

Please continue to the second page and follow the instructions at the bottom for submitting your application



Frankfort Emergency Relief Forgivable Loan Program Application Statement of Understanding & Certification by Applicant

By submission of this application, applicant hereby agrees the for-profit business meets all of the following requirements:

- 1) The business is physically located within the Frankfort TIF district
- 2) The business was significantly impacted by the Emergency Orders issued by the State of Indiana or the Emergency Ordinance issued by Clinton County.
- 3) The business has 5 or fewer employees.
- 4) The business has been in operation for a period exceeding six (6) months prior to submission of this application.
- 5) The business has no current property tax liens or legal judgments against it.
- 6) The business is not a part of a national chain or franchise that is headquartered outside the Frankfort TIF district.
- 7) You, the undersigned, have the authority to submit this application on behalf of the business.

I HEREBY AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

By typing my name and entering my initials, I hereby certify that I intent this to be my true and legal signature, thus averring that all statements given in this form are true and accurate to the best of my knowledge and belief.

First Name

Last Name

Date

Initials

After completing the application, please save a copy for your records. Attach a copy of the application, W-9 and profit and loss statement. Please email those three documents to: mainstreet@accs.net. Should you have any questions, please call 765-654-4081.