

**City of Plymouth and Plymouth Economic Development Corporation (PEDC)
Covid - 19 Small Business Financial Support Grant/Loan Application**

Business Information - Borrower/LLC: _____ Tax
ID _____

Business Name:

Primary Contact _____ Phone _____

Email Address _____ Other Contact _____

Type of Business _____ Retail _____ Personal Services _____ Food and
Beverage/Hospitality _____ Health Care/Social Services _____ Professional
Services _____ Construction/Remodeling _____ Finance/Insurance _____
Manufacturing _____ Real Estate/Rental _____
Professional/Scientific/Technical _____ Arts/Entertainment/Recreation
_____ Other

Product or Service _____

Total Yearly Sales are \$2,000,000 or less. _____ Yes _____ No

Owner Information Physical Address

Mailing Address _____

My business was closed or directed to alter business practices due to the Covid
19 Executive Order. _____ Yes _____ No

Request for

_____ \$2500 Getting Back Grant (May be received
once)

_____ Here to Stay Loan (maximum \$10,000, Zero per-cent interest with first

payment deferred for 6 months from issue of loan) Amount Requested _____

Intended Purpose of Funds _____

Owner's Plan to Rejuvenate Business _____

of Employees (Including Owner/s) Pre-Covid _____ Currently _____

Within next 6 months _____ Next three years _____

Please Add the following documents -

_____ Profit/Loss Statement for
2019

_____ Credit Check (Pertinent initial pages with score, payment history for last three years, current open and recent paid loans

_____Income comparison report showing March thru May 2019 and March thru May 2020

Other Sources of Financial Support

Have you applied for the SBA Payroll Protection Program and/or the Economic Injury

Disaster Loan? _____ If so, what were the results to date _____

Other and Specifics _____

Business History Summary _____

Submission Acknowledgement I authorize Plymouth Economic Development Corporation and other appropriate entities on its behalf, to verify information in this application including, but not limited to; status of debt service to current creditors, suppliers, city/county taxes, and/or vendors, insurance, taxes, contracts or agreements and any other business information.

Applicant's Printed Name _____ Title _____

Applicant's Printed Name _____ Title _____

Signature _____ Date _____

Signature _____ Date _____

In addition to the grant/loan what other services or support would benefit your

business recovery?

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The Loan Review Committee strives to provide equal credit opportunity and will make every effort to ensure nondiscrimination with respect to race, color, national origin, disability, sex, sexual orientation, gender identity, religion, age, low income status, limited English proficiency, or familial status.