

**City of Olean**  
**BOOST BUSINESS GRANT 75% / 25% PROGRAM**  
**REAL ESTATE ASSISTANCE APPLICATION FORM**  
**(RENTAL, MORTGAGE OR LAND CONTRACT)**

**TARGET AREA:** All commercial and industrial uses within the City of Olean.

**PART 1. APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ ☐ Corporation Year\_\_\_\_ State\_\_\_\_

Business Address: \_\_\_\_\_ ☐ Partnership Year\_\_\_\_ State\_\_\_\_

\_\_\_\_\_ ☐ L.L.C. Year\_\_\_\_ State\_\_\_\_

Contact Person: \_\_\_\_\_ ☐ L.L.P. Year\_\_\_\_ State\_\_\_\_

Federal ID #: \_\_\_\_\_ ☐ Sole Proprietorship Year\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Business and number of employees: \_\_\_\_\_

\_\_\_\_\_

Company Attorney: \_\_\_\_\_ Accountant: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Ownership (Shareholders / Partners) interest		%	Company Officers	Position

(attach additional listing as necessary)

Is the company delinquent in the payment of any City water or sewer bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company delinquent in the payment of any state or municipal property taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company delinquent in the payment of any income tax obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company delinquent in the payment of any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company currently in default on any of its loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there currently any unsatisfied judgments against the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there currently any unsatisfied judgments against any of the company's principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If the answer to any of the questions above is "Yes," please provide additional comments in the space below and on additional pages, if necessary.**

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## **PART 2. PROJECT INFORMATION**

Summary Project Description: \_\_\_\_\_

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### **Project Costs Per Month**

Rental Assistance	\$ _____
Mortgage Assistance	\$ _____
Land Contract	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total

### **Sources of Funds**

Bank	\$ _____
Equity / Cash	\$ _____
BBG Assistance Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total

### PART 3. BUSINESS DETAILS AND NEED

1. **Company Description:** a narrative describing the Company's history, current or planned operations, products and/or services currently sold and/or planned, the Company's management and structure, and current and projected employment.
2. **Need:** information regarding the need for financial assistance. (75% of the monthly payment will be covered by the business and 25% of the monthly payment will be requested under program funds via reimbursement.)
3. **Financial Information:** historical financial information (financial statements, tax returns), financial projection, profit and loss statement, balance sheet and monthly cash flow statement, letter from landlord, mortgagee, note holder, etc.

Please include any other material that may serve to document the information provided with this application or that would assist in the consideration of this application.

## PART 4. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the City of Olean, New York and the Small Business Development Center and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal closing of the grant, subject to the terms and conditions of any written grant commitment offered by the City of Olean. However, this application is being submitted in good faith as a request for grant funds.

If Applicant is a sole proprietorship or partnership, sign below:

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

\_\_\_\_\_  
Printed Name and Title

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

\_\_\_\_\_  
Printed Name and Title

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

\_\_\_\_\_  
Name of Corporation or Company

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Printed Name and Title

Business Owners (Signatures required):

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

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

*No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Boost Business Grant Program Funds.*

ACKNOWLEDGMENT OF SIGNATORY (IES)

State of New York                    )  
                                              )ss  
County of Cattaraugus            )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 2022 before me, the undersigned, a Notary Public in and for said state, personally appeared \_\_\_\_\_ to me known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Signature of Notary Public

Notary Stamp:

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York                    )  
                                              )ss  
County of Cattaraugus            )

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\_\_\_\_\_  
Signature of Notary Public

Notary Stamp: