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

TARGET AREA: 600 block of North Union Street – 600 block of South Union Street; 100 block of West State Street to 12th Street and 100 block of Wayne Street to 12th Street.

PART 1. APPLICAN	IT 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 Propriet	orship	Year
Telephone: ()	Cell: ()	E-Mail:			
Nature of Business and	number of employees:					
Company Attorney			Accountant			
Firm Name:			_ Firm Name:			
Address:		<u> </u>	_ Address:			
			_			
Telephone:			_ Telephone:			
Ownership (Shareho interest	lders / Partners)	%	Compa	ny Officers		Position

(attach additional listing as necessary)

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

PART 2. PROJECT INFORMATION

Summary Pro	ject Description:
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Project Costs Per Month

Sources of Funds

Rental Assistance	\$ Bank	\$
Mortgage Assistance	\$ Equity / Cash	\$
Land Contract	\$ BBG Assistance Request	\$
Other	\$ 	\$
	\$ 	\$
Total	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:		If Applicant is a corporation, L.L.C., or L.L.P., sign below:		
Signature	Date	Name of Corporation or Company		
Printed Name and Title		Authorized Signature	Date	
Signature	Date	Printed Name and Title		
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)

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.

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Notary Stamp: