

City of Olean
BOOST BUSINESS GRANT PROGRAMS
MARKETING ASSISTANCE PROGRAM APPLICATION FORM

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? 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 Project Description: _____

Project Costs

| | |
|-----------------------------|-----------------|
| Professional Consultant Fee | \$ _____ |
| Marketing Materials | \$ _____ |
| Online Service(s) | \$ _____ |
| Printing | \$ _____ |
| Distribution of Materials | \$ _____ |
| 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 if applicable.
2. **Marketing Strategies:** the Company's competitive advantages/disadvantages, sales projections, and the Company's plan for marketing its products/services.
3. **Project Description and Budget:** information regarding the budget required for the proposed business start-up or expansion activities including a detailed description of the activities and associated costs, identification of the nature of the cost estimates, and information regarding the amount and status of commitment for each funding source.
4. **Need Information:** explain how the funding assistance will help and/or improve your business and the need associated with the request.

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.

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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