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|  | Gift Voucher Match  Program Application |
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## Business Information

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| --- | --- | --- | --- | --- | --- |
| Business Name: |  |  |  | Date: |  |
| Type of Business: |  |  |  |  |  |
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| Physical Business Address: |  |  |
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| --- | --- | --- | --- |
| Business Phone: |  | Email |  |

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| **Owner Information** |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Name of Owner: |  |  |  |  |  |
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| Mailing Address (if different from above): |  |  |
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| Owner Phone: |  | Email |  |

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| **Questions** |  |  |  |  |

Please reply to each question below for your application to be considered complete. By providing an affirmative response to any of these questions, you certify that you can provide verification of the corresponding information to the City of Redlands.

1. What is the current status of your business?

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| --- | --- | --- | --- | --- | --- |
| Open – no restrictions | YES | NO |  |  |  |

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| --- | --- | --- | --- | --- |
| Open with restrictions | YES | NO | Please explain |  |
|  |  |  |  |  |

1. What financial hardships have had a lasting effect on your business as a result of the COVID-19 pandemic? (such as declines in revenue, difficulty paying and/or retaining employees, difficulty covering mortgage, rent, utilities, or other economic impact)

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1. What date was the business validly established? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If different from above, what date did the business establish a physical location within Redlands? \_\_\_\_\_\_\_\_\_\_\_
3. How many full time employees does your business currently employ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many part-time employees does your business currently employ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Is the business in good standing with the City of Redlands? | YES | NO |  |
| (No outstanding code violations,  compliance orders, etc.)   1. Does the business have a valid Redlands Business license? | YES | NO |  |

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| License # and Expiration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Application Certification and Signature

I certify that I am the owner of the business applying for the City of Redlands Gift Voucher Match Program and have read and understand the application questions. I certify that all information provided herein is true and correct to the best of my knowledge and will provide verification if requested. I acknowledge that the completion of this application does not in any way indicate eligibility or approval. I acknowledge that due to the limited funds available for this program, some qualifying applications may not be funded. Your electronic signature is the legal equivalent of your manual signature on this application.

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |