



**Kremmling COVID-19 Relief Grant  
Application  
Business Form**

**Business Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Business Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Job Title \_\_\_\_\_

What will the awarded funds be used for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, or will you be receiving any other financial assistance from December 7<sup>th</sup>, 2020 through December 18<sup>th</sup>, 2020? Yes

No

**Business OWNER.** Do you certify that your business (name) \_\_\_\_\_ is within the Kremmling town limits and that the business has been shut down, required to reduce business hours, or alter the ability to operate as normal during the time frame (December 7th – December 18th) due to GCPH order dated June 26th and amended December 4th, 2020. Thus, resulting in a loss in revenues detrimental to the continued operation and success of the business? (GCPH order attached)

I \_\_\_\_\_ certify that all the statements made on this form are accurate to the best of my knowledge.

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

For Town Purposes only:

Based on the reported information above, we have determined that business \_\_\_\_\_ is eligible to receive \$ \_\_\_\_\_ based upon the Kremmling COVID-19 Grant Program outline.

\_\_\_\_\_  
Town Manager signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Mayor signature

\_\_\_\_\_  
Date