

**Daviess County Bar and Restaurant Relief Fund Application**



**BUSINESS INFORMATION**

Business Type (Check One)

Restaurant   Bar   Restaurant/Bar

Business Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Business TIN # \_\_\_\_\_

**OWNER / CONTACT PERSON INFORMATION**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Prefix Name \_\_\_\_\_

Suffix Name \_\_\_\_\_

**BUSINESS ADDRESS FOR WHICH GRANT IS REQUESTED**

Street No. \_\_\_\_\_

Street Name \_\_\_\_\_

Apt. or Suit No. \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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### MAILING ADDRESS

Mailing address is same as business address

Street No. \_\_\_\_\_

Street Name \_\_\_\_\_

Apt. or Suit No. \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

### PHONE / EMAIL

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

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

Email \_\_\_\_\_

### PLEASE ATTACH

- ✓ Copy of Kentucky State Alcohol Beverage Control license (if business serves alcohol)
- ✓ Copy of Daviess County Alcohol Beverage Control license (if business serves alcohol)
- ✓ Copy of Daviess County Health Department food service permit (if business serves food)
- ✓ Copy of Daviess County Business license
- ✓ Completed W-9
- ✓ Completed Certification Form

## **FORM MUST BE COMPLETE AND ALL ATTACHMENTS PROVIDED IN ORDER TO RECEIVE GRANT**

*(Return via mail to PO Box 1716, Owensboro, KY 42302-1716 or in person to the Daviess County Courthouse, Room 202, 212 Saint Ann Street, Owensboro, KY 42302)*

**Any award will be a grant. However, the grant may be considered taxable income (consult your tax professional for additional guidance), and awardees will receive a 1099 statement regarding any award received.**