



## Business Assistance Grant Requirements

### Application Criteria

- Must be located in the Chelsea target area (Texas to Annapolis Avenue, bay to beach)
- Must have been in business for at least 2 years
- Must be in good standing with city of Atlantic City and the State of NJ
- What we do NOT fund:
  - Illegal activities under the laws of the State of New Jersey
  - Lobbying or political activities
  - Any activity constituting a nuisance

### Supporting Documentation

All completed applications must be accompanied by documentation supporting the requirements of the grants program. The following listing includes but is not limited to the documentation required.

- **Evidence of Business Location** - Commercial Lease or Deed of Ownership in the name of the business and at the qualifying address
- **Evidence of Business Entity** - Business formation documents may include; Articles of Incorporation, Limited Liability Company Operating Agreement or Fictitious Name Registration (sole proprietor)
- **Evidence of Compliance with City of Atlantic City Business Registration & Licensing** Requirements - Mercantile License, Health Department Certification (food retailers & restaurants), other requirements
- **Evidence of Real Estate Tax Compliance** - Copy of paid in full taxes for the subject property for the most recent quarter due.
- **Evidence of Sales Tax Compliance & Good Standing with the State of New Jersey** - Secure a Good Standing Certification from the State of New Jersey Division of Revenue and Enterprise Services.

Additional Documentation may be requested to support the grant application based on the unique circumstances of an applicant such as:

- **A narrative description of the project scope**
- **Budget for the project**
- **Rendering and/or architecture plans**



## Business Assistance Grant Application

### General Information

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address if different:  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Last 4# Social Security Number: \_\_\_\_\_ or, EIN \_\_\_\_\_ - \_\_\_\_\_

Did you file & pay PERSONAL federal taxes last year (IRS)? \_\_\_\_\_ Yes \_\_\_\_\_ No State taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Business Information

Do You Have a Physical Business in the Chelsea target area (see map)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Business name: \_\_\_\_\_ Type of business: \_\_\_\_\_

Business address: \_\_\_\_\_ City: Atlantic City State: NJ Zip Code: 08401

Business phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ (if different from the one above)

Date you purchased or established your business: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you rent or own your location (even if you are paying a mortgage)? \_\_\_\_\_ rent \_\_\_\_\_ own

Number of employees, including self-employment: \_\_\_\_\_

Type of business organization: Sole Proprietor ( ) LLC ( ) Partnership ( ) Corporation ( ) Other ( ) \_\_\_\_\_

Is your business a For-Profit business \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your business have the following?

Current license (Mercantile) \_\_\_\_\_ Yes \_\_\_\_\_ No

NJ Business registration certificate \_\_\_\_\_ Yes \_\_\_\_\_ No

Business Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you file & pay BUSINESS federal & state taxes last year (IRS)? \_\_\_\_\_ Yes \_\_\_\_\_ No

State taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Demographic Information –**

This information is for reporting purposes only and will not be reported out on an individual basis I do not wish to provide this information ( )

**Ethnic group:** Hispanic ( ) Not Hispanic ( )

**Race:** White ( ) Black or African-American ( ) Asian ( ) Native American or Alaskan ( ) Hawaiian or Pacific Islander ( )  
Other ( ) Specify: \_\_\_\_\_

**Are you a veteran?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Use of Funds Information**

**Amount Requested \$** \_\_\_\_\_

**How will you use the funds?**

\_\_\_\_\_ Facade Improvement

\_\_\_\_\_ Design Improvement

\_\_\_\_\_ Zoning Planning Process Assistance

\_\_\_\_\_ Purchase tools or equipment

\_\_\_\_\_ Purchase computers, servers, and/or software

\_\_\_\_\_ Promotional Materials

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Partners Engagements Information**

**Are you interested in receiving business counseling or training ?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you interested in receiving financial counseling or training ?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you participated in Chelsea community events/ neighborhood Initiatives?** \_\_\_ Yes \_\_\_ No

If "YES" please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement**

I authorize Chelsea Economic Development Corporation to make inquiries to verify the accuracy of the statements made and to determine my eligibility for the grant. By signing below, I represent that the information presented on this application is complete and accurate, and that all grant proceeds will be used only for business related purposes.

I understand that photographs may be taken by Chelsea EDC during the entire grant program, and I give permission to use any such photographs in any publicity, in any medium (including print publication, CD and websites) relating to Chelsea EDC. I fully release Chelsea EDC (including any of their representatives) from any liability stemming from or relating to grant programming.

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

Please email this completed form to [business@chelseaedc.org](mailto:business@chelseaedc.org).