



Business Assistance Grant Application

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.