

## Restaurant Grant Program Application

1. **Business Name**

2. **Federal Tax ID Number**

3. **Business Address**

Hilliard, OH 43026

4. **Mailing Address** (if different than business address)

5. **Applicant Contact Information**

Name

Phone

E-mail

6. **Other Hilliard Business Addresses**

7. **Grant Amount Requested**

8. **2019 Gross Revenue**

9. **2020 Gross Revenue**

8. **Provide a very brief description of the business (i.e. restaurant, coffee shop, etc)**

9. **Business Start Date (Month/Year)**

10. **Number of full-time equivalent employees**

11. **Provide a detailed list of eligible project expenses**

Hilliard Development Corporation

*Applicant/business have read and will comply with the Restaurant Grant Program Guidelines.*

*Applicant/business agrees that if the application is approved, it will submit receipts and invoices for its eligible project expenses within thirty days of approval notification.*

*Applicant/business affirmatively covenant that none of the costs submitted with this application have or will be reimbursed by any other federal, state or local programs.*

*Applicant/business agree that by signing and submitting this application, will be bound by the terms and conditions of the grant program.*

*Applicant/business affirmatively covenant that the information contained in and submitted with this application is complete and correct to the best of my/our knowledge.*

*Applicant acknowledges that certain information in this application and relative to the grant program may be a public record under Section 149.43 of the Ohio Revised Code, and releases the Hilliard Development Corporation from any liability for damages or otherwise for dissemination of records in response to a public records request.*

---

Signature

---

Name of Applicant

---

Date

**Submit completed applications and income verification documentation by e-mail to: [business@hilliardohio.gov](mailto:business@hilliardohio.gov)**