



**“ALL ABOARD CLEBURNE”
SMALL BUSINESS GRANT PROGRAM
APPLICATION**

This application must be completed in its entirety for consideration, and the City of Cleburne has sole authority to approve or deny any application, or to terminate or extend the program at its discretion. Upon completion, application shall be emailed to grady.easdon@cleburne.net. Time-stamped, emailed application serves as placeholder until signed and notarized hard copy is received by the City of Cleburne. For initial review purposes, emailed application DOES NOT need to be notarized. We will request the signed and notarized original once the application has been approved.

APPLICANT INFORMATION

Business Legal Name: _____

Tax ID#: _____

Business Address: _____

Business Phone: (____) - _____ Website: _____

Primary Contact: _____

Primary Contact Phone: (____) - _____ Primary Contact Email: _____

BUSINESS INFORMATION

Business Category: _____ Organization: _____
(restaurant, salon, floral shop, etc.) (C-corp, LLC, dba, etc.)

How Long in Business? _____ How Long at Current Location? _____ Own or Rent? (*circle one*)

Is the business current on all property and/or sales taxes due? _____(Y/N)

Number of Employees: _____

Is the business currently open? _____(Y/N)

Has your business experienced interruption of operations, closure or financial hardship due to the COVID-19 pandemic? _____(Y/N)

AFFIDAVIT

I hereby certify and warrant, under penalty of perjury, that all information contained in and submitted with this application is complete, true, and correct. Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that the City may require that I submit original documents at a later date. I acknowledge that I have read and understand the terms and conditions listed in this document and, if selected, I well and truthfully believe that my business can perform all the required actions. By signing and submitting this application, I certify and warrant that I have the legal authority to submit this document on behalf of the business described herein, and such authority has been granted to me by proper order, resolution, or other authorization of the business.

Owner Signature _____

Date _____

STATE OF TEXAS §
§
COUNTY OF JOHNSON §

BEFORE ME, the undersigned authority in and for Johnson County, Texas, on this day personally appeared _____, known to me to be the person(s) whose name is subscribed to the foregoing instrument and acknowledged to me that he/she is authorized to execute the foregoing instrument for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20_.

Notary Public in and for the State of Texas

Type or Print Notary's Name

My Commission Expires:

Please return completed and signed application and all required documentation to:

Mail:

City of Cleburne

Attn: Economic Development Dept.

10 N. Robinson Street

P.O. Box 677

Cleburne, TX 76033

Email:

grady.easdon@cleburne.net