

Carroll Business Relief Program Application

Business Name:	
Federal ID #:	
Contact Name:	
Contact Phone:	
Contact E-mail:	
Business Website:	
Address:	
City, State, ZIP	

Business Classification:

Retail

Restaurant

Service

Tourism

Other (If so, explain) _____

Number of Years In Business: _____ Number of Employees Impacted: _____

Currently, are you,

Operating on an adapted or limited basis? (Adapted practices, online sales, etc)

Temporarily Closed?

Does your business have other sources of revenue?

No

Yes (If so, explain) _____

Are there other sources of household income (owner)?

No

Yes (If so, explain) _____

To the best of my knowledge, all information provided in this application is accurate.

I understand that: the information will be distributed to review committee members for consideration, but otherwise will be kept confidential. Information provided may be used in aggregate for tracking purposes, but will never be shared on an individual basis. There is no requirement of follow-up or reporting by the business, but CADC staff will check in with businesses periodically for updates.

Signed: _____ Date: _____