



Funded by

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 the city of Atlantic City and the State of NJ
- □ What we do NOT fund:
 - \circ $\;$ Illegal activities under the laws of the State of New Jersey
 - Lobbying or political activities
 - Any activity constituting a nuisance

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 t	axes last year (IRS)?	Yes No State t	taxes? Yes N
Business Information			_
Do You Have a Physical Business in th	e Chelsea target area (see	e map)? Yes	No
Business name:		Type of busines	
Business address:		City: Atlantic City State	C
Business phone #:	_		
Email:	(if different from the o	ne above)	
Date you purchased or established you	`		
Do you rent or own your location (even		gage)?rent	own
Number of employees, including self-e	mployment:		
Type of business organization: Sole Pro	oprietor () LLC () Partners	ship () Corporation () (Dther ()
Is your business a For-Profit business	YesNo		
Does your business have the following	?		
Current license (Mercantile)Yes	No		
NJ Business registration certificate	Yes No		

State taxes? Yes amographic 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 Jse of Funds Information Amount Requested \$	State taxes? Yes emographic 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? YesNo Use of Funds Information Amount Requested \$ How will you use the funds?Facade ImprovementZoning Planning Process AssistancePurchase tools or equipmentPurchase tools or equipmentPormotional MaterialsOther, please specify:	Business Insurance Yes No	
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f "YES" please provide details:			

Please email this completed application with copies of the following documents to home@acianj.org

*Note – Chelsea Grant funds are limited and will be awarded on a first come, first served basis

Supporting Documentation – All completed applications must be accompanied by documentation supporting the requirements of the grant 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 plan

Acknowledgment

I authorize the Chelsea Economic Development Corporation and the Atlantic County Improvement Authority 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 and the Atlantic County Improvement Authority 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 and the Atlantic County Improvement Authority (including any of their representatives) from any liability stemming from or relating to grant programming.