

BUSINESS ASSISTANCE PROGRAM

Outdoor Dining Installation Grant Program

Grant Application

All applications must be submitted online at:
<https://www.cityofpleasantonca.gov/eddsupportfund>

SECTION 1: GRANT REQUEST INFORMATION

1. Amount of Reimbursement Request: \$ _____ (not to exceed \$10,000)
2. I acknowledge that I will submit the following with this application:
 - a. Itemization of Expenses
 - b. Copies of Paid Invoices, receipts, etc.

SECTION 2: BUSINESS OWNER/CONTACT INFORMATION

3. Business Owner/Applicant Name
4. Business Owner/Applicant Telephone
5. Business Owner/Applicant Email

SECTION 3: BUSINESS INFORMATION

6. Business Name (include DBA if applicable)
7. Business Physical Address
8. Business Mailing Address
9. Business Telephone
10. Business Website (Optional)
11. Primary Business Activity (select one)
 - a. Restaurant
 - b. Bakery
 - c. Bar/Brewery
 - d. Coffee/Tea
 - e. Other (please specify)
12. Business Description (short answer)
13. Is the business currently open and operating?
 - a. Yes
 - b. No
14. How many employees does the business currently employ?
 - a. Full-time _____
 - b. Part-time _____
15. Indicate type of business entity: (choose one)
 - a. Corporation
 - b. Limited Liability Corporation (LLC)

BUSINESS ASSISTANCE PROGRAM

- c. Limited Partnership (LP)
 - d. Limited Liability Partnership (LLP)
 - e. General Partnership
 - f. Other (please explain)
16. Is the business a franchise?
- a. Yes, answer Question 17
 - b. No, it is independently/locally owned, skip to Question 18
17. If the business is a franchise, is it independently owned or corporately owned?
- a. Independently Owned
 - b. Corporately Owned (defined for the purposes of this program as a business that has more than three establishments in operation, in Pleasanton and elsewhere, typically with standardized food and beverage options, décor, standardized signage, etc.)
 - c. Other (please explain)
18. Does the business have a physical location in the City of Pleasanton?
- a. Yes
 - b. No
19. Do you own or lease the establishment at this location?
- a. Own
 - b. Lease

SECTION 4: FINANCIAL INFORMATION

20. Federal Tax ID (EIN)
21. City of Pleasanton Business License Number
Search for your business license number at: <https://secure2.cityofpleasantonca.gov/websearch/>
or call (925) 931-5440, Monday through Friday between 8:00 am to 5:00 pm.
22. Does the business or owner have any outstanding liens or judgements?
- a. No
 - b. Yes, explain
23. Is the business or business owner currently the subject of any litigation, or filed for bankruptcy?
- a. No
 - b. Yes, explain

SECTION 5: TERMS, INDEMNIFICATION & CONDITIONS

- I certify that my business is in good standing with the City of Pleasanton and does not have any open code enforcement, building code violations or fire cases related to the business.
- I certify that no payment received from this grant program will be used to cover costs reimbursed by other sources of funding, including but not limited to federal, state, or local sources or insurance payments.
- I understand the maximum reimbursement grant amount per business may not exceed \$10,000.
- I understand that I am responsible for 100% of the purchase and the City will reimburse up to 50% for eligible expenses as approved by the City.

BUSINESS ASSISTANCE PROGRAM

- I hereby certify that my business follows all applicable federal, state, and local laws as well as the State of California and Alameda County COVID-19 regulations and guidelines to receive grant funding.
- I agree to inform the City Economic Development Department and Business License Division if the business has a change of ownership, moves location, or closes permanently. Notice may be in writing and received within 30 days of the change.
- I understand that the City may be required to issue an IRS Form-1099-MISC for the grant funds.
- I acknowledge and agree that any and all federal, state, and local taxes resulting from participation in this program is the responsibility of the business and shall not be paid by the City.
- I agree that the City of Pleasanton may determine in its sole discretion whether information submitted through this application is subject to disclosure under the California Public Records Act or through another legal process.
- I certify that any contractors performing construction work under this Program has paid prevailing wages pursuant to the requirements of the California Labor Code, Section 1771, et seq.
- If business receives grant, business shall hold harmless, defend, and indemnify the City, its officers, agents, and employees from and against all claims for liabilities, losses, penalties, fines, injuries to or death of any person, or damage to any property whatsoever, including without limitation, reasonable attorneys' fees and costs which the City may suffer or incur arising from or in any way connected to business' use of grant funds to construct the outdoor installation and the use thereof.
- I certify that all the information submitted in this application is true and correct and is subject to audit by the City of Pleasanton.

I have read and agree to the above terms and conditions.

Signature:

Printed Name:

Title:

Business Name:

Date:

Required Supplemental Documentation

Please submit the following with this application:

1. IRS Form W-9 ([Form W-9 \(Rev. October 2018\) \(irs.gov\)](#))
2. Itemization of Expenses ([Preview File](#))
3. Copies of all paid invoices, receipts, proof of payment documents (in one PDF)