El Monte Grant Application ITEM 12 ATTACHMENT 2

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ligibility	Bussiness	Owner	Funding Use
Eligibility	,		
Step 1 of 4			
Business Nar	me *		
First Name *			
Last Name *			
Email *			
suspended, o ineligible, vo transaction	ant or any owner o debarred, propose luntarily excluded by any Federal de volved in any ban	d for debarmen from participat partment or ag	t, declared ion in this
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business ow a direct or g agency that last 7 years O Yes O No Is the Applic 20% or more indictment, means by w jurisdiction,	ned or controlled uaranteed loan from is currently deline and caused a loss	by any of them, om SBA or any o quent or has def to the governm al) or any indiv ne Applicant su ion, arraignmen	ever obtained other Federal faulted in the nent? * ridual owning bject to an nt, or other brought in any
business ow a direct or g agency that last 7 years O Yes O No Is the Applic 20% or more indictment, means by w	rned or controlled uaranteed loan from the controlled and caused a loss of the equity of the criminal information or presently incar	by any of them, om SBA or any o quent or has def to the governm al) or any indiv ne Applicant su ion, arraignmen	ever obtained other Federal faulted in the nent? * ridual owning bject to an nt, or other brought in any
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Eligibility	Bussiness	Owner	Funding Use
Business	Information		
Step 2 of 4	4		
Business No	ı me: Food Delervery	LLC	
Legal Struct	ure *		

S-Corp

Business Legal Name

Business TIN (EIN, SSN)

Business Address*

12899W 5th St

Los Angeles

State/Province *

Postal Code *

90066-7008

000-000-000

Business Industry*

Number of Employees *

Average Monthly Payroll *

payroll calculation above? *

Dec

8

90000

Previous Page

Armed Forces Americas

Business Phone Number *

Business Date Incorporated *

12

Administrative and Support Services

Year •

Is the United States the principal place of residence for all

NEXT PAGE >

employees of the Applicant included in the Applicant's

City *

DBA or Tradename if Applicable

Owner Information

Previous Page

Step 3 of 4
Job Title *
Phone Number *
Street Address *
City *
Postal Code *
Are you a citizen or permanent resident of the U.S.? *
○ Yes ○ No
Are you a controlling manager of the business? *
○ Yes ○ No
What percent of the business do you own? *
Are there any other business owners with 20% or more ownership?
○ Yes ○ No
Are all owners with a 20% or greater interest in the business citizens or permanent residents of the U.S.?
○ Yes ○ No

NEXT PAGE >

Use of Funds

Step 4 of 4

Purpose of Assistance *

- □ Payroll
- ☐ Lease/Mortgage Interest
- ☐ Utilities
- ☐ Other

Is the business willing to hire locally in the City of El Monte? (OPTIONAL)

○ Yes ○ No

OPTIONAL. Does not determine eligibility status.

Is the business willing to be a part of the City's Business Partnership Program? (OPTIONAL)

○ Yes ○ No

OPTIONAL. Does not determine eligibility status

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