



Hallowell Business Survival Grant Program

City of Hallowell
1 Winthrop Street
Hallowell, ME 04347
www.hallowell.govoffice.com

Grant Application

Applicant's Name _____

Name of Business _____

Physical Location _____

Mailing Address _____

Telephone No. _____

Email address _____

Fed. Tax ID (EIN) _____ State Tax ID _____

Amount requested _____

Business is: Sole-Proprietorship Self-Employed Partnership Corporation

Please provide the names of any partners or co-owners or attach your corporate filing:

Number of Full-Time Employees or Equivalents _____

Please provide a statement describing your need for funding and your efforts to remain in business post-pandemic. Attach an extra page if necessary.

Please attach proof of business activity in Hallowell for calendar years 2018 and/or 2019. Suitable proof may include: utility bills, rental agreements, business licenses, or personal property tax receipts.

By signing this application I certify that the information I have provided is true and accurate.

Signature of Applicant

Date

Mail your completed application and attachments to: City of Hallowell
Attn: HBSG Program
1 Winthrop Street
Hallowell, ME 04347

or email to: citymanager@hallowellmaine.org