



City of Gulfport, Florida
2401 53rd Street South
Gulfport, FL 33707

"Gulfport Gateway Grant"

COVID-19 SMALL BUSINESS GRANT APPLICATION

Business Information

Business owner

Hover form fields for instructions.

Name Title Phone Email

Business information

Business name Business license number Utility account number FEIN

Number of employees _____ Is your business open? Yes No

Business address _____
Street City State ZIP Code

Mailing address (for check) _____
Street City State ZIP Code

General business description

Description of how COVID-19 has impacted your business and how the grant will be used

Eligibility Questions

1. Is your business a brick and mortar location, physically located within the municipal boundaries of the City of Gulfport and independently operated? Yes No
2. Does your business employ between 1-50 full-time equivalent employees? Yes No
3. Has your business suffered a loss of revenue due to COVID-19? Yes No
4. Does your business have a current business tax license? Yes No
5. Does your business have any unpaid code enforcement or utility liens with the City of Gulfport? Yes No

Supplementary Information

Have you received grant assistance from any other sources outside the City of Gulfport? If so, list the sources.

Certifications

The applicant must certify in good faith to all of the below by initialing next to each one.

- _____ The applicant was in operation in February 2020 and had employees for whom it paid salaries and payroll taxes.

- _____ Current economic uncertainty makes this grant request necessary to support the ongoing operations of the applicant.

- _____ I understand that if I close my utility account with a credit as a result of the small business grant, that amount will not be refunded to me.

- _____ During the period beginning on May 6, 2020 and ending on September 30, 2020, the applicant has not and will not receive another small business grant from the City of Gulfport.

- _____ I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects to the best of my knowledge.

Application Checklist

The application must be completed accurately with all supporting documents attached. For a successful application, the following documents must be submitted at one time. For any questions regarding this process, please contact Carol Parker at (727) 893-1076 or cparker@mygulfport.us.

	For applicant use	For office use only
1. Application - completed in full and signed	<input type="checkbox"/>	_____
2. State of Florida Business Registration from the Florida Division of Corporation	<input type="checkbox"/>	_____
3. Current City of Gulfport Business Tax Receipt (BTR)	<input type="checkbox"/>	_____
4. Quarterly 941 (January February March 2020)	<input type="checkbox"/>	_____
5. Copy of driver's license (or state identification)	<input type="checkbox"/>	_____
6. Copy of City of Gulfport utility bill	<input type="checkbox"/>	_____
7. Landlord acknowledgement statement (if applicable on combined utility accounts)	<input type="checkbox"/>	_____
No outstanding code enforcement or utility liens (verified by the City of Gulfport)		_____

Applicant signature and date