



# NEWPORT

KENTUCKY

## **City of Newport – COVID 19 Financial Assistance Program**

### INTRODUCTION

The City of Newport's COVID 19 Financial Assistance Program was created in November 2020 in response to impacts during the COVID-19 crisis and the mandated closures. In order to determine eligibility for this program, a company must complete, sign and submit an application to the office of the City Manager via email at [lsims@newportky.gov](mailto:lsims@newportky.gov).

### INCENTIVE

Eligible businesses may receive \$1000 to use for mitigating the impacts of the COVID-19 State mandated closures that began on 11/20/2020. This funding will come in the form of a Grant that shall not be repaid. The first 70 eligible businesses that apply will be funded.

### ELIGIBILITY REQUIREMENTS

- 1) Eligible businesses include restaurants, bars, gyms and fitness centers that have been impacted by mandated closures due to COVID-19.
- 2) Restaurants and bars with drive through services, that have delivery only based services, or provide walk up service only are not eligible. Recipient restaurant and bar businesses must have indoor seating.
- 3) No publicly traded businesses are eligible.
- 4) Recipient business must have been open with a valid occupational license and certificate of occupancy prior to March 30, 2020.
- 5) Recipient businesses must have a valid City of Newport Occupational License and be up to date on all applicable taxes, licenses and fees.

### APPROVAL

All submitted applications will be reviewed and approved by the office of the City Manager.

### DURATION

The application period will begin November 30<sup>th</sup>, 2020 and will close on January 4<sup>th</sup>, 2021.



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## COVID 19 Financial Assistance Program Application

This application can be found on the City’s website at <http://www.newportky.gov/City-Government/Economic-Development.aspx> and should be submitted to the office of the City Manager, 998 Monmouth Street, Newport, Kentucky or at [lsims@newportky.gov](mailto:lsims@newportky.gov). This incentive is available on a first come first serve basis, until funding is fully committed.

**Company Full Legal Name:** \_\_\_\_\_

**IRS Employer Identification Number (EIN):**

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**Company Local Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Company Headquarters Office Address:  
(If different):**  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Provide the following information as part of the application** (your application will not be considered complete until we receive these items)

- W-9  Occupational License # \_\_\_\_\_

### Company Contact

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### OFFICE USE:

- Verification of Tax/Lien/License/Permits \_\_\_\_\_  
 Verification of indoor dining \_\_\_\_\_  
 Verification of Date Opened \_\_\_\_\_