



**City of Calexico**  
**COVID-19 City of Calexico Business Stabilization Lending Program**  
**Application**

608 Heber Avenue, Calexico, CA 92231

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[www.calexico.ca.gov](http://www.calexico.ca.gov)

**CONTACT INFORMATION**

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Phone No: \_\_\_\_\_

**BUSINESS INFORMATION**

Legal Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Calexico, CA ZIP: \_\_\_\_\_

Primary Business Owner Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

*\*Please list the names and share of ownership of all other business owners:*

Full Name of Owner		Ownership Share	
Type of Business Entity		Primary Business Activity	
<input type="checkbox"/>	Corporation (LLC, C Corp, S Corp)	<input type="checkbox"/>	Agricultural
<input type="checkbox"/>	Partnership (LLC, Joint Venture)	<input type="checkbox"/>	Manufacturing/Industrial
<input type="checkbox"/>	Individual/Sole Proprietorship	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Franchise	<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Non-Profit Corporation		

**OFFICIAL USE ONLY**

Notes :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE DESCRIBE YOUR BUSINESS.** *Include what the business produces and how it generates revenue*

Days of the Week	Hours of Operation

**NORMAL BUSINESS**

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

How many years has this establishment been in business? \_\_\_\_\_

**Impact COVID-19** *Please describe the business hardship that has resulted from COVID-19. Please address impacts on revenues, number of employees, modified business hours. (verification may be required)*

Please enter the date, month and year the hardship began: \_\_\_\_\_

**Impact COVID-19** *What do you believe the impacts of COVID-19 will be over the next thirty (30) days?*

**FINANCIAL INFORMATION**

Federal Tax ID (EIN): \_\_\_\_\_ Business License No. \_\_\_\_\_

Total 2019 (\$) Revenue: \_\_\_\_\_ Monthly Payroll (\$): \_\_\_\_\_

Monthly Rent or Mortgage (\$): \_\_\_\_\_

Does the business or owner have any outstanding liens or judgments? YES or NO

Is the business or business owner the subject of any litigation? YES or NO

**LOAN INFORMATION**

Requested Loan Amount (\$)	Requested Loan Term (Max 3 years)

**SUPPLEMENTAL INFORMATION**

If you are selected to receive a loan you may be required to provide additional documentation, including most recent tax returns, 941's and other income/tax information.

Please attach the required documentation listed below:

1. Loan Application (www.calexico.ca.gov)
2. Current City Business License
3. IRS Form W-9
4. Copy of driver license for applicants and/or individuals owning 20% or more of applicant entity
5. Employer's Quarterly Federal Tax Return dated 03/31/2020
6. Business Fictitious Business Name Filing
7. Business Formation Documents, see *guidelines*

**DISCLOSURE INFORMATION**

The City of Calexico understands and supports the public's right to access public records. Information submitted through this application is a public record and is **subject to disclosure** under the California Public Records Act (PRA). In addition, the City of Calexico may be required to disclose information by subpoena, civil-investigative demand, or court-ordered, or court-authorized discovery.

*\* By submitting this application, the applicant certifies that all information is true and correct. Applicant acknowledges that they may be required to provide additional documentation including most recent tax returns, 941's, credit report, lease agreements or any other document(s) needed in process this loan request.*

I AGREE THAT ANY INFORMATION SUBMITTED THROUGH THIS APPLICATION MAYBE SUBJECT TO DISCLOSURE UNDER THE CALIFORNIA PUBLIC RECORDS ACT OR THROUGH ANOTHER LEGAL PROCESS.

*\*only check this box if you are a sole proprietor*

I AM A SOLE PROPRIETOR AND AS SUCH DO NOT MAINTAIN BUSINESS FORMATION DOCUMENTS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_