



City of Hughson Business Relief Program

7018 Pine St. | P.O. BOX 9
Hughson, CA 95326
Phone: 209.883.4054 Fax: 209.883.2638

The Business Relief Program will allow your business to remain open and continue operating within the State of California Governor's Executive Orders, California Department of Public Health Orders/Guidance, and Stanislaus County Public Health Officer's Orders/Guidance. **Application requesting funding must be received in office by August 28, 2020 at 5pm.** (Individual awards are dependent on the number of business requests. Expenses must be between March 1, 2020– December 30, 2020.)

Business Name: _____	Business Phone: _____
Business Address: _____	City/State/Zip: _____
Business Mailing Address: _____	City/State/Zip: _____
Business Email Address: _____	Business Lic. Number: ____-____-____

The Business must: *(Please Initial Each)*

- Be located within City of Hughson boundaries. ____
- Must possess a current city, county, or state license or permit to operate. ____
- Must not have record of current/prior engagement in any illegal activity per local, state, or federal regulations, with federal regulations taking precedence over local or state regulations. ____
- Has been in business since March 1, 2020. ____

The following businesses will not be considered eligible: lending and investment institutions, insurance companies, and corporate-owned national chain businesses/stores. ____

Funds may be used for project set up costs and operational needs such as, but not limited to payroll, lease/mortgage payments, materials, utilities, supplies and services. ____

Projected Cost: _____ Proposed Project: _____

Explain how the Project will allow your business to continue operations within current Public Health Restrictions:

(Additional paper may be used if needed)

Have you applied for or received any other Grant Funding for this project/expenses? Yes: No:

If yes, you must contact the City as soon as you are informed of the award.

I, _____ certify that _____ will submit ALL receipts to the
Print Name of Business Owner Business Name
 City of Hughson for reimbursement.

Signature of Business Owner: _____ Date: _____