



# Entrepreneur & Small Business Grant Program Application



Please fill out the application completely and submit to [bsandoval@hemetca.gov](mailto:bsandoval@hemetca.gov) or send to:

City of Hemet  
Attention: Economic Development Department  
445 E. Florida Ave  
Hemet, CA 92543  
(951) 669 – 0265

**\* SECTION 1 - APPLICANT INFORMATION:**

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

Circle All That Apply:      Property Owner                      Business Owner/Tenant

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

Trade Name (DBA): \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Entity Type: {  } Sole Proprietor      {  } LLC.              {  } Corporation              {  } Partnership

Name(s) of Other Businesses:  
\_\_\_\_\_  
\_\_\_\_\_

EIN/Tax ID: \_\_\_\_\_ UEI Number: \_\_\_\_\_

**\* SECTION 2 - PROPERTY OWNER INFORMATION *(Complete even if the current tenant is the applicant):***

Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_



**\* SECTION 5 – FUNDING REQUEST & BUDGET (Max \$20,000)**

Item/Expense Description	Vendor/Source	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
<b>Total Requested</b>		<b>\$</b>

**\* SECTION 6 – JOB CREATION COMMITMENT (CDBG Requirement):**

- Total New Full-Time Equivalent (FTE) Jobs to be created: \_\_\_\_\_
- Number of jobs to be held by Low-to-Moderate Income (LMI) people: \_\_\_\_\_  
(Note: This must be at least 51% of your total jobs created).

**\* SECTION 7 – ATTACHMENT CHECKLIST:**

- ( ) *Completed and Signed Program Application Form*
- ( ) *Comprehensive Business Plan*
- ( ) *Detailed Budget Request*
- ( ) *Job Creation Plan*
- ( ) *Proof of Location*
- ( ) *Legal Documentation*
- ( ) *Financial Documentation (Business Principals)*

**\* SECTION 8 - ACKNOWLEDGMENT:**

We certify that the owner is the property owner of record and that there are no current zoning code enforcement actions pending against the property. I have read and understand the Program Guidelines and accept them. I certify that I am qualified and will abide by such conditions set forth in this application and all reasonable conditions which may be issued by the City of Hemet in the implementation of this project.

Property Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_