

Application for Store Front General Assistance

Date _____

Business Name _____ Year established _____

___ Sole Proprietor ___ Partnership ___ LLC ___ Incorporated ___ Other

Products/Services offered _____

Hours of operation _____

Federal Tax ID _____ (*please see below for SSN of Business owners*)

Physical Address of business _____, Pecos TX 79772

Business Telephone # _____ Cell # _____

Email _____ Website _____

Do you own the property or lease ___ Own ___ Lease

Lien Holder(s) and/or Landlord _____

Annual Gross Revenue from last business year \$ _____

Has business and **ALL owners** filed the required Income Tax, Sales Tax, Franchise Tax reports and are current with ALL Property Taxes for the last 3 years?

___ Yes ___ No If no, please explain _____

All Partners/Owners *(Add sheet if more than 4 Partners/Owners)*

Name 1 _____ Social Security # _____

Residential Address _____

Position _____ Dates of Employment _____

Name 2 _____ Social Security # _____

Residential Address _____

Position _____ Dates of Employment _____

Name 3 _____ Social Security # _____

Residential Address _____

Position _____ Dates of Employment _____

Name 4 _____ Social Security # _____

Residential Address _____

Position _____ Dates of Employment _____

Project description and plan for improvements

Estimated Total Capital Investment for General Improvements _____

Amount of Assistance requested _____

Estimated Employment

Retained
Created

____ Full Time
____ Full Time

____ Part Time
____ Part Time

Any outstanding Business loans?

Financial Institution	Balance	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Applicant Signature

Date

**** Please return to Pecos Economic Development Corporation, 119 S. Cedar Pecos TX 79772****