

**IV. BENEFITING BUSINESS INFORMATION****Name of Business this application is in support of:**

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

Is Business operating under an Assumed Name? (see 805 ILCS 405)

\_\_\_\_\_ Yes, registered in \_\_\_\_\_ County \_\_\_\_\_ No

Supported Business Address 1: \_\_\_\_\_

Supported Business Address 2: \_\_\_\_\_

Supported Business City: \_\_\_\_\_

Supported Business State: \_\_\_\_\_

Supported Business Zip: 99999-9999: \_\_\_\_\_

Supported Business Phone Number \_\_\_\_\_

Supported Business E-Mail Address: \_\_\_\_\_

Supported Business FEIN or ITIN: \_\_\_\_\_

Supported Business DUNS (if not available, insert N./A): \_\_\_\_\_

Supported Business SIC: <https://www.naics.com/sic-codes-industry-drilldown/> \_\_\_\_\_**Supported Business Authorized Signatory Contact:***Signatory must sign Participation Agreement and Business Certification Form*

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

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

Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Has this business received federal or state funding (loans, grants or other assistance) related to the COVID19 emergency? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide the name/type of assistance and amount:

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Funding Program Name: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy or insolvency procedures? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide details: