

## A. Contact

No data saved

Case Id: 30038

Name: GloCones - 2021

Address: \*No Address Assigned

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### A. Contact

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Please provide the following information.

#### MAIN BUSINESS CONTACT

**A.1. Owner/Authorized Signers Name**

**A.2. Owner Home Address**

**A.3. Owner Telephone**

**A.4. Owner Email Address**

**A.5. Ownership Percentage**

0.00 %

#### CO-OWNER BUSINESS CONTACT

**A.6. Co-Owner Name**

**A.7. Co-Owner Home Address**

**A.8. Co-Owner Telephone**

**A.9. Co-Owner Email Address**

**A.10. Co-Owner Ownership Percentage**

0.00 %

## B. Business Information

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### B. Business Information

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Please provide the following information.

**B.1. Legal Name of Business**

**B.2. Alternate Business Name (Doing Business As)**

**B.3. Business Address**

**B.4. Business Phone:**

**B.5. Social Security/Tax ID Number**

**B.6. [DUNS](#)**

**B.7. What year was the business established?**

**B.8. Type of Business**

Corporation  
Limited Liability Corporation  
Partnership  
Sole Proprietorship  
Other

**B.9. Please provide a description of the business and services/products offered:**

**B.10. Please select your race.**

African American  
Asian  
Native American  
Pacific Islander  
White  
Other

**B.11. Are you Hispanic?**

**B.12. Please select your gender.**

**B.13. Is the business or business owner current in all local, state and federal taxes; child support payments; not liable for other penalties and in Good Standing with the State of New Jersey at the time of application (not required for sole proprietors)?**

If No, please explain:

**B.14. Have you received any other funds you have applied for since March 16, 2020 from any sources (e.g. SBA loan, IRS Employee Retention Tax Credit, unemployment insurance benefits, PPP Loan, EIDL, etc.)?**

If Yes, please explain?

| Date Received | Source of Funds | Funding Amount |
|---------------|-----------------|----------------|
|               |                 | \$0.00         |

**B.15. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.**

**B.16. Does the business qualify as woman owned?**

**B.17. Does the business qualify as minority owned?**

## C. Funding Request

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### C. Funding Request

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Please provide supporting documentation uploads under the "F. Required Documents" step.

#### C.1. What will you be using grant funds for?

- Inventory
- Working Capital (rent/mortgage, payroll, utilities)
- Equipment
- Other

If you selected OTHER, please provide a brief explanation.

## D. Supplemental Business Questions

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### D. Supplemental Business Questions

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Please provide the following information.

**D.1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.**

**D.2. Explain how the funding will help your business remain viable and prevent layoffs.**

**D.3. If applicable, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created.**

#### D.4. Full/Part Time Employee Covid Impact

|  | Part Time | Full Time |
|--|-----------|-----------|
|--|-----------|-----------|

D.5. A business owner or an employee must not exceed the maximum 80% AMI income threshold (\$54,150). Please refer to the [HUD Income Limits](#) and check all that apply below:

#### Owner/Employee LMI Information

| Owner/Employee | Name | Annual Income | Full Time/Part Time |
|----------------|------|---------------|---------------------|
|                |      | \$0.00        |                     |

## E. Conflict of Interest Disclosure

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### E. Conflict of Interest Disclosure

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Please provide the following information.

**E.1. Are there any person(s) employed with The County of Gloucester who have direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from?**

If you answered YES, please identify who and provide an explanation of the interest:

I hereby declare that any person(s) employed with The County of Gloucester, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed above.

**Signature**

*\*\*Not signed*

**Date**

## F. Required Documentation

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### F. Required Documentation

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#### Documentation

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State issued Photo ID of Applicant(s) **\*Required**

\*\*No files uploaded

Tax Return - (Most Recent) **\*Required**

\*\*No files uploaded

3 most current business bank account statements. **\*Required**

\*\*No files uploaded

Current Lease or Property Loan Document. **\*Required**

\*\*No files uploaded

Photo of Storefront **\*Required**

\*\*No files uploaded

W-9 **\*Required**

\*\*No files uploaded

Evidence of Eligible Unpaid/Reimbursable Business Expenses **\*Required**

\*\*No files uploaded

Paystubs or Other Evidence of the Referenced LMI Person(s)

\*\*No files uploaded

NJ-WR30 - Not Required for Sole Proprietorships.

\*\*No files uploaded

NJ Business Registration Certificate

\*\*No files uploaded

# Application Certification

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## Application Certification

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

The Business certifies that the information and documentation contained in this application is accurate, complete and true to the best of his/her knowledge.

The Business also certifies that it has read and understands the application guidelines documented within the [County's Program Policy and Procedures](#) .

Signature

\*\*Not signed

Date