



# City of Nome

## PHASE SIX APPLICATION FOR RESTAURANTS AND BARS

**APPLICATION DEADLINE IS DECEMBER 23<sup>RD</sup> AT 5PM AKT**

Name of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Please check:

Restaurant \_\_\_\_\_ Bar: \_\_\_\_\_ Restaurant and Bar: \_\_\_\_\_

Please state your gross sales for November and December for 2019: \_\_\_\_\_

Please multiple that number by 75%: \_\_\_\_\_

What is that final number: \_\_\_\_\_

The City of Nome CARES Act funds will reimburse your business up to \$10,000.00. of that final number.

I declare that my business has been financially impacted and the gross dollars of sales for November and December is accurate. I certify that the information provided is true and accurate and I agree to assist in the verification of information provided in this application. And, I agree to provide additional information to the city, if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

A W-9 form is required to be attached to this form when submitted. Please submit as one PDF file to [manager@nomealaska.org](mailto:manager@nomealaska.org) or fax to 907-443-5345.