

RESTAURANT & BAR UTILITY FORGIVENESS APPLICATION

| Business Legal Name | | Business TIN (EIN, SSN) | | | |
|---|---|-------------------------|--------|----|--|
| | | | | | |
| Business Address | | Business Phone | | | |
| | | | | | |
| Business Owner | | Email | | | |
| | | | | | |
| | | | | | |
| Questions | | | Yes | No | |
| Was the business prohibited by Executive Order 20-65? Is the business headquartered with principal operations in Oregon? Does the business have a physical location within the City of Ontario? | | | | | |
| 4. Does the business have a current City of Ontario Busi | _ | | | | |
| I further certify that the business and its opera all local, state and federal laws. | | in compliant | t with | | |
| Business Owner Signature | | | Date | | |

Please return application to Kari Ott, 444 SW 4th Street, Ontario, OR 97914 or email kott@opgcpa.com