



**CITY OF COVINA**  
**Business Assistance Job Creation Program Pre-application**

**APPLICANT INFORMATION:**

Applicant Full Legal Name (First, Middle, Last): \_\_\_\_\_

Business Position Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Date of Business Established in Covina: \_\_\_\_\_

Full Legal name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business License #: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ # of Business Owners: \_\_\_\_\_

**BUSINESS CLASSIFICATION**

- Restaurants, coffee shops, bakeries, cafes, gastropubs, etc.
- Salons, barbers, and other grooming businesses
- Gyms, day spas, and fitness studios
- Retail and Commercial stores such as consumer goods, electronics and appliances, health and sporting goods, furniture, clothing and shoes, kitchen equipment, books and entertainment stores, music and audio/visual equipment, etc.
- Franchisee owned restaurants
- Other (please specify): \_\_\_\_\_

**VERIFICATION QUESTIONS:**

1.	Is your business located in a commercial location within the City of Covina?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your business meet all State and local building zoning codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does building of the business directly front/face a public right of way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have a current commercial lease or mortgage statement for this commercial space the business occupies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Do you have an active business license in the City of Covina, or have a pending application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does business have proof of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the Business or any owner of the Business presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION OF APPLICANT:**

I hereby certify that I have read and understand the *Guidelines* to the City of Covina Business Assistance Job Creation Program.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in my application being canceled or denied. I understand that I will be required to verify the information I have provided here, and will be required to complete a full application if approved for the next stage in the application process.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE STAFF USE ONLY:**

**NO CODE VIOLATION VERIFIED:**  Yes  No

**Qualify to advance to lottery:**  Yes  No

**Disqualified:**  Yes  No  
If yes, provide justification:

**REVIEWED BY:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_