

Expiration Date: 09/30/2020

Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

ELIGIBLE ENTITY VERIFICATION

Ch	oose One:
\bigcirc	Applicant is a business with not more than 500 employees.
0	Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
\bigcirc	Applicant is a cooperative with not more than 500 employees.
0	Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
\bigcirc	Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.
0	Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at https://www.sba.gov/size-standards.
0	Applicant is a business with more than 500 employees that is small under SBA Size Standards found at https://www.sba.gov/size-standards.
0	Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

Review and Check All of the Following: Applicant must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):
Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.
Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.
Applicant is not in the business of lobbying.
Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

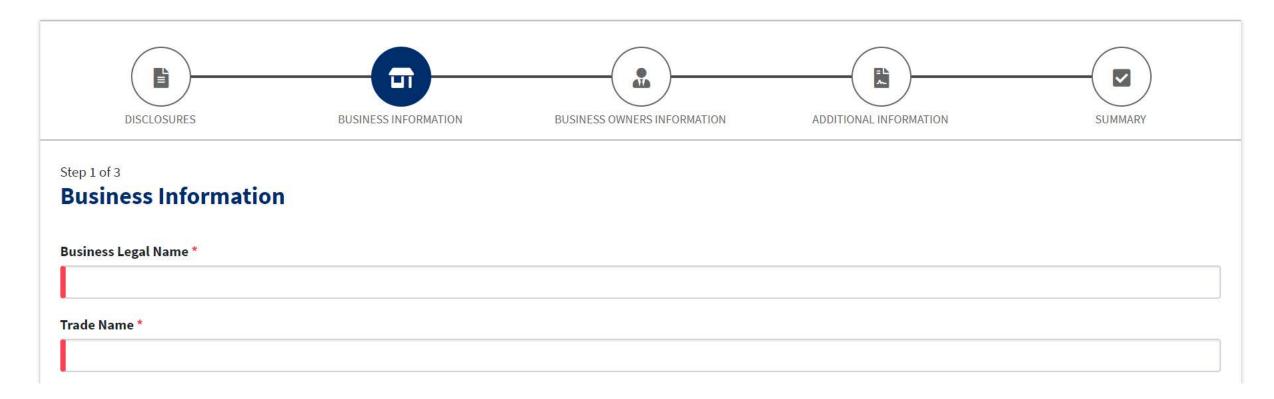
If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) DisasterCustomerService@sba.gov.



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EIN/SSN for Sole Proprietorship *
Organization Type*
▼
Is the Applicant a Non-Profit Organization? *
○ Yes ○ No
Is the Applicant a Franchise? *
○ Yes ○ No
Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *
Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *
Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster
Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity
List the Secular Social Services Provided by the Faith Based Entity
Compensation From Other Sources Received as a Result of the Disaster
Provide Brief Description of Other Compensation Sources
Primary Business Address (Cannot be P.O. Box) *
City *
State *
▼

ounty	
ip *	
usiness Phone *	
Iternative Business Phone	
usiness Fax	
usiness Email *	
ate Business Established *	
mm/dd/yyyy	
urrent Ownership Since *	
mm/dd/yyyy	

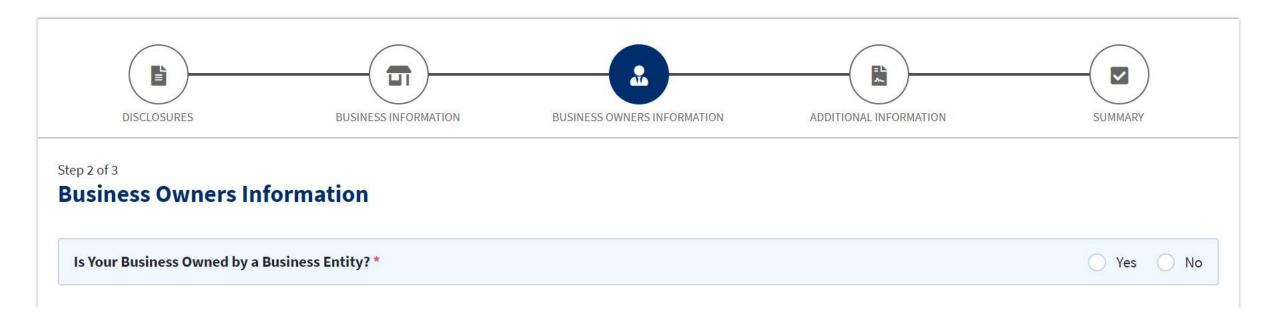




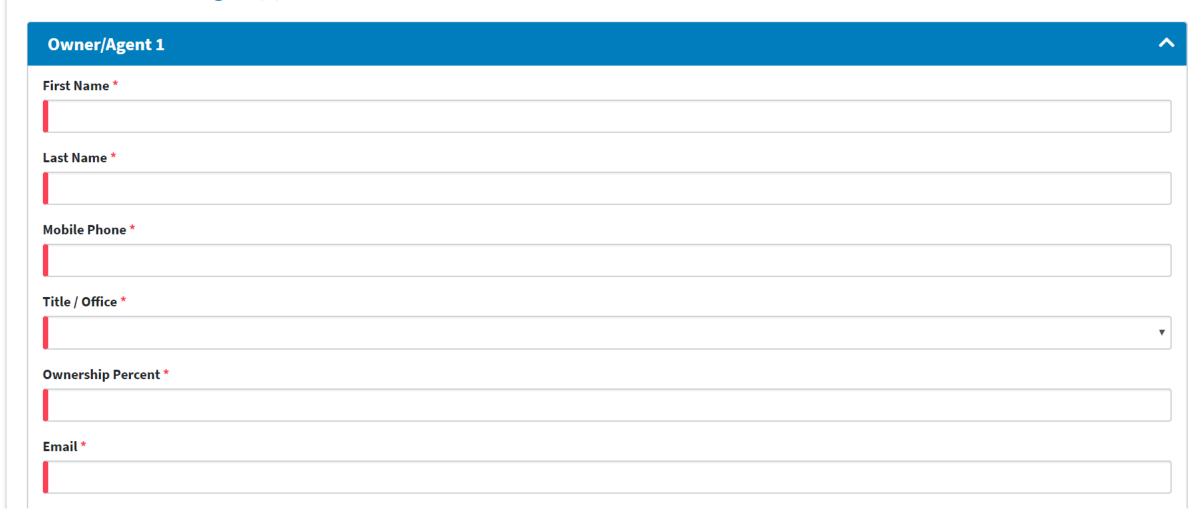
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Individual Owner/Agent(s)

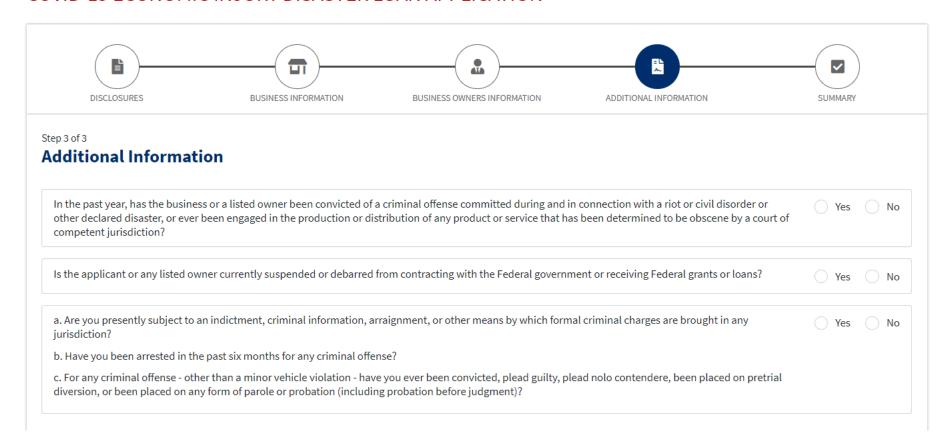


SSN *	
Birth Date *	
mm/dd/yyyy	
Place Of Birth *	
J.S. Citizen *	
Yes No	
Residential Street Address *	
ity*	
itate *	
	▼
lip *	
	♣+ Add Additional Owner



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If anyone assisted you in completing this application, whether you pay a fee for this service or r	not, that person must enter their information below.
Individual Name	
Name of Company	
Phone Number	
Street Address, City, State, Zip	
Fee Charged or Agreed Upon	
I give permission for SBA to discuss any portion of this application with the representative listed above.	○ Yes ○ No
☐ I would like to be considered for an advance of up to \$10,000.	
Where to Send Funds	
Bank Name *	
Account Number *	
Booking Mountains	
Routing Number *	

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

Click for additional statements required by laws and executive orders

Back

Next >



OMS Control #3247-0405 Expiration Date: 09/30/2020

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DISCLOSURES	EUSINESS INFORMATION	EUSINESS OWNER	S INFORMATION	ADDITIONAL INFORMATION	SUMMARY
Summary					
Business Information					^
					€ Edit
• observations there			Kasalak Enterpris		/ Edit
Business Legal Name Trade Name			Abby's cutie cup:		
EIN/SSN for Sole Proprietorship			12-5456759	.eree	
Organization Type			S-Corporation		
Is the Applicant a Non-Profit Organic	ation?		No		
Is the Applicant a Franchise?			No		
Gross Revenues for the Twelve(12) M 51, 2020)	onth Prior to the Date of the	Disaster (January	\$50,000.00		
Cost of Boods Sold for the Twelve (19 (Jenuary 51, 2020)) Month Prior to the Date of	the Disaster	\$35,000.00		
Rental Properties (Residential and Co Disaster	ommercial) Only - Lost Rents	Due to the			
Non-Profit Cost of Operation for the Disaster (January 51, 2020)	Twelve (12) Month Prior to th	e Date of the			
Combined Annual Operating Expens of the Disaster (January 55, 2020) for Faith Sesed Entity					
List the Secular Social Services Provi	ded by the Faith Based Entit	tr.			
Compensation From Other Sources R	Received as a Result of the Di	seater			
Provide Srief Description of Other Co	impensation Sources				
Primary Susiness Address (Cannot S	e P.O. Soc)		525 aweetness le	76	
City			Sugarvitta		
State			Ohio		
County			Frankin		
ZIP .			45215		
Susiness Phone			(814)-327-3121		
Alternative Susiness Phone					
Suainess Fax					
Eusiness Email			dominihunt1@g	mail.com	
Date Susiness Established			01/01/2020		
Current Ownership Since			01/01/1999		
Business Activity			Food & Severage	Stores	
Business Sub Activity			Food - Bakery		
Number of Employees (As of Jenuary	y 54, 2020)		2		

		/ Edit
Owner/Agent 1		
First Name	Domini	
Lest Name	Hunt	
Hobile Phone	(814)-527-5121	
Title / Office	Owner	
tmail	dominihunt1@gmail.com	
Ounership Percent	500%	
SSN SSN	254-56-6545	
Sirth Data	05/28/1945	
Place Of Sirth	Chicago	
U.S. Cirisen	Yea	
Residential Street Address	540 S. 5th St., Apt. 502	
city	COLUMBUS	
State	Ohio	
Zip	45215	
Additional information	No	/ teit
in the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a fotor civil claorder or other	No	/ tait
in the pastyear, has the business one listed owner been convicted of a criminal	No	/ telt
in the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a fotor civil disorder or other because of season, or ser been engaged in the production or distribution of any	No	/ Edit
in the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a notice civil disorder or other declared disaster, or sure been engaged in the production or distribution of any product or service that has been determined to be obscence by a court of	No No	/ Edit
in the past year, has the business or a listed owner been convicted of a criminal offeres committed during and in connection with a rict or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or sanities that has been determined to be obscerne by a court of competent jurisdiction? It is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal sprats or identifications. E. Are you presently subject to an indictment, criminal information, arreignment,		/ tait
In the past year, has the business or a listed owner been convicted of a criminal offerae committed during and in connection with a not or child disorder or other beclared disease, or eare been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent; justication of competent; justication of competent; justication or competent justication or competent justication or context of competent justication or context or conte	No	/ tait
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