AFFIDAVIT

State of Ohio)) ss: County of Summit)

The undersigned, ______, being first duly sworn, hereby state as follows: (Name)

1. I am at least 18 years of age, under no disability, and make these statements based upon my personal knowledge.

2. I am the ______ for _____, ("Company"). (Title) (Name of Company)

3. The Company has applied for a Summit County COVID-19 Small Business Emergency Relief Grant ("Grant") administered by the Greater Akron Chamber.

4. I understand that a condition of receiving the grant is that the Company is not delinquent to the County of Summit for taxes on any real property, or any political subdivision within Summit County for taxes on income or employment.

5. The Company was, at the time of applying for the Grant, and at the time this Affidavit is executed, not delinquent to the County of Summit for taxes on any real property, or any political subdivision within Summit County for taxes on income or employment.

6. The principal place of business of the Company is located at: ("Principal Place of Business"). (Address)

7. The Company is not the owner of the Principal Place of Business, and has not been the owner of the Principal Place of Business at all times since the Company applied for the Grant.

- 8. The Principal Place of Business is not owned by any of the following:
 - a. Any individual with at least 20% ownership interest in the Company.
 - b. Any individual who is an officer, director or employee of the Company.
 - c. Any entity with at least 20% ownership in the Company.
 - d. Any entity in which any individual with a 20% ownership interest also has an ownership interest of at least 20% in the Company.
 - e. Any entity that shares common management with the Company.

9. No law of the State of Ohio exists that obligates the Company to pay any delinquency in any taxes due to the County of Summit for the Principal Place of Business.

FURTHER AFFIANT SAYETH NAUGHT.

COMPANY: _____

	(Signature)
By:	(Printed Name)
Its:	(Title)
Date:	

State of Ohio)	
)	ss:
County of Summit)	

The	foregoing i	nstrument was	acknowledged	before me this	day of	_,
2020, by		, the		of		
	(Name)		(Title)		(Name of Company)	
on behalf of	•		•			
	(Name	of Company)				

Notary Public State of Ohio My Commission Expires: