



City of Lancaster-Small Business Emergency
Support Program Application
Funded by the Lancaster Community Fund

Date: _____

Business Information

Business Name: _____

Type of business (bar/restaurant, retail, services, etc.): _____

Business Address: _____

Phone: _____ Email: _____

Year established: _____ Website: _____

Business Description

Applicant/Owner Information

Name(s): _____

Applicant Mailing Address: _____

Phone: _____ Email: _____

Other owners (if any):



City of Lancaster-Small Business Emergency Support Program Questionnaire

1. Please provide a brief explanation of what adverse economic impact COVID-19 has had on your business since March 17, 2020:

2. Prior to the COVID-19 restrictions, how many people did your business employ (Full Time Equivalent)? – Funding is limited to businesses with 10 or less FTE

3. Amount requested from Small Business Relief Program (Maximum grant \$1,500, to reimburse actual expenditures)

Attach to Application:

1) Documentation of requested reimbursement for building mortgage or rent, and/or monthly gas, electric and water/sewer/stormwater bills. These are the only eligible expenses for reimbursement.

2) W-9 for your business. This needs to accompany your application at the time of submission. The application will not be considered until we receive your W-9.

I hereby certify the above information is true and correct to the best of my knowledge.

Date _____

Applicant Name/Title (printed) _____

Signature _____

Applicant Name/Title (printed) _____

Signature _____

Submit Application by Email/Fax/Mailing

Attn: Heather Bontreger /Chamber

Email: chamber@lanasterwisconsin.com

Fax: 608.723.4789

206 S Madison St., Lancaster WI 53813

You can also drop off your application in the Water& Sewer Drop Box at City Hall.

Questions?

David Carlson 608.723.5196 Email davidc@lanasterwisconsin.com

Heather Bontreger 608.723.2820 Email chamber@lanasterwisconsin.com

