



A Main Street Iowa Community
COVID-19 Small Business Relief Application

Contact Info:

Business Name: _____

Business Owner: _____

Mailing Address: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Building Info:

Building Owner: _____

Building Address: _____

Monthly costs:

Rent: _____

Gas/Electric: _____

Water: _____

Phone/Internet: _____

Other Utilities: _____

Revenue Estimates:

Average Monthly Revenue: _____

Estimated lost Revenue: _____

NOTES: (any other pertinent info)

Signature: _____

Date: _____