



**Greater Liberty Chamber of Commerce  
Business Emergency Assistance Grant Application**

Date: \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Explanation of Hardship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Only those businesses that were directly affected by the COVID-19 will be considered for this grant.*

Estimated Monthly Expenses: \_\_\_\_\_

Vendors you wish to pay in order of priority: \_\_\_\_\_

\_\_\_\_\_

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