

CITY OF BARNESVILLE
Home-Based Business COVID-19 Relief Grant Application
Applications due on October 8, 2020

Minimum Requirements

1. Is this a home-based business? (See definition below)

YES NO

Definition: Home-based Business

A home-based business uses the owner's home (or dedicated space within the home) as its principal place of business. The owner's home (or a dedicated space) is used regularly and exclusively for administration or management of a trade or business, and the owner has no other fixed location where administration or management of the business substantially occurs. (IRS Publication 587)

2. Is your business on the list of ineligible businesses for this program? (See below)

YES NO

Ineligible Businesses

- A business manufacturing, distributing, selling or conducting related activities of sexually explicit materials.
- A business deriving income from passive investments without operational ties to operating businesses.
- A business primarily focusing on speculative activities based on fluctuations in price rather than the normal course of trade.
- A business earning more than half of its annual net revenue from lending.
- A business engaging in pyramid sales, where a participant's primary incentive is based on the sales of an ever-increasing number of participants.
- A business engaging in activities prohibited by federal law or applicable law in the local jurisdiction of the business.
- A business engaging in gambling enterprises unless the business earns less than 50% of its annual net revenue from lottery sales.
- A corporate franchise with national corporate ownership.

3. Do you have another job where your wages exceed the gross revenue generated by your home-based business?

YES NO

Applicant and Business Information – Please use the names and addresses used in filing business taxes on your IRS Schedule C or Corporate Income Tax Return.

4. Business legal name: _____

5. Business operating name (if different): _____

6. First and Last Name: _____

7. Business Address:

Street Address: _____

Mailing Address: _____

City/State/Zip: Barnesville, MN 56514

8. Cell Phone Number _____

9. Email _____

Other Business Information

10. Business Legal Structure

Sole Proprietorship Partnership Limited Liability Company Corporation

11. Business Federal EIN _____

12. Minnesota Tax ID _____

13. Business Filing Number with the Secretary of State. (If applicable. If needed, look up at: <https://mbisportal.sos.state.mn.us/Business/Search>.) _____

Good Standing Questions

14. Is this business “in good standing” with required business registrations with the MN Office of Secretary of State (OSS) as of March 1, 2020? (See below for definition)
YES NO (Your business must be in good standing at the time you receive funds.)

15. Is your business “in good standing” with no tax liens against your business with OSS as of March 1, 2020? (See below for definition)
YES NO (Your business must be in good standing at the time you receive funds.)

16. Did this business receive funds from the State of Minnesota’s Small Business Relief Fund program or the Clay County Small Business Relief Grant?
YES NO
If yes, what amount did you receive? _____

Definition: “In Good Standing” means:

- Your business is *current and active with any required business registrations* with the Minnesota Office of Secretary of State (OSS). **Some business structures, such as sole proprietorships, do not need to be registered with OSS.** In these cases, your business is “in good standing”. Check your status here: <https://mbisportal.sos.state.mn.us/Business/Search>
- Your business *does not have any Minnesota tax liens* against it with OSS. Look up tax liens here: <https://www.sos.state.mn.us/business-liens/ucc-cns-tax-liens-help/how-to-search-tax-lien-filings/>

Impact of COVID-19 on Your Business

17. Did your total business revenue between March 1, 2020 and July 31, 2020 decline by 10% or more as a result of COVID-19 compared to the same period in 2019?
YES NO

18. What was your total business revenue for the following ranges of dates? *If the business started after May 31, 2019, indicate 0 for 2019 revenues.*

a. Total revenue: March 1 to July 31 in 2019 _____

b. Total revenue: March 1 to July 31 in 2020 _____

19. How many people were employed on March 1 and how many are currently employed (on date of application) at your business.

c. March 1, 2020 Part-time employees _____

March 1, 2020 Full-time (FTE) employees _____

d. Current Part-time employees _____

Current Full-time (FTE) employees _____

e. Please list names of employees who are members of your immediate family:

20. Did your business take any of these measures as a result of COVID-19? Select all that apply.

- Reduced hours for staff on payroll
- Permitted staff to volunteer to take unpaid leave (rather than layoffs, furloughs, etc.)
- Staff reassignments (e.g. by role, by business location, etc.)
- Staff furloughs
- Staff layoffs
- Other (Please describe) _____

Business Impact of Governor Walz’s Executive Orders

This section will help us know how Governor Walz’s Executive Orders (EO) impacted your business. We want to know the impact of EO 20-56, effective on May 18, 2020, which permitted limited re-opening of some types of businesses, but restricted their operations to 50% or less of normal capacity.

Relevant Executive Orders (EO)

EO 20-04 March 26 – May 17: Temporarily closed bars, restaurants, and other places of public accommodation. Extended by later EOs

EO 20-08: Clarifies places of public accommodation for EO 20-40

EO 20-20 March 27 – April 10: Directed Minnesotans to stay home. Defined critical sectors exempt from this executive order.

EO 20-56 Phase I, May 18 – June 1: Safely re-opening Minnesota’s economy. Telework if possible. Restaurants/bars: Delivery, take out only. Non-critical customer-facing: may re-open but at 50% or less of normal occupant capacity (workers and customers). Some areas still closed.

A useful reference is available at the Stay Safe MN website: <https://staysafe.mn.gov>. Scroll down to view table, see Phase I to current phase).

21. Did your business experience any of these impacts as a result of Executive Orders related to COVID-19? Select all that apply.

- Business was directly restricted from operation, in whole or part, by an Executive Order.
- Employees were restricted from working by an Executive Order.
- Customers and/or revenue decreased related to activities restricted by an Executive Order.
- Other (Please describe) _____
- No impacts as a result of Executive Orders.

22. What is your current permitted business operating capacity?

- No restrictions
- 50% or lower share of normal capacity. Some revenue, some hours, some employees at work.
- 0% of normal capacity. Not operating, no revenue, no hours, no employees at work.

23. Which industry or activity best describes your business operations?

I certify to the best of my knowledge and belief that the information contained in the City of Barnesville Small Business COVID-19 Relief Grant application is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Name

Date

Return completed form to: Barnesville EDA, PO Box 550, Barnesville MN 56514; or 2nd Floor Dobmeier Funeral Home; or klauer@bvillemn.net