



99 Kings Highway, Dover, DE 19901
(302) 739 4271
business@state.de.us

The Delaware Division of Small Business is offering the Hospitality Emergency Loan Program (HELP) to provide funds to some of the businesses and nonprofits in the state most significantly impacted by Coronavirus. The Division will make no-interest loans of up to \$10,000 per business per month available to eligible businesses in the hospitality industry.

Applicants for HELP loans must be operating in one of the targeted sectors as identified by the following NAICS codes:

- 7225 Restaurants and Other Eating Places
- 7224 Drinking Places (Alcoholic Beverages)
- 7223 Special Food Services
- 7211 Traveler Accommodations
- 7139 Other Amusement and Recreation
- 7131 Amusement Parks & Arcades
- 7121 Museums and Historical Sites
- 7113 Promoters of Performing Arts
- 7112 Spectator Sports
- 7111 Performing Arts Companies
- 4879 Scenic and Sightseeing Transportation, Other
- 4872 Scenic and Sightseeing Transportation, Water
- 4871 Scenic and Sightseeing Transportation, Land
- 3121 Beverage Manufacturing
- 3118 Bakeries and Tortilla Manufacturing

Additionally, applicants must have been open for at least one year as well as have annual revenue of \$1.5 million or less. Funding may be used for rent, utilities and other unavoidable bills but cannot be used for personnel costs. Eligible expenses being submitted for funding must have been paid on time for 80% of payments over the last 12 months and cannot be past due on the most current bill. HELP loans have a 10-year term with payments deferred for nine months.

Completed applications for HELP loans should be submitted to Business_Finance@delaware.gov. Applications will be evaluated in the order in which they are received.

Hospitality Emergency Loan Program

All questions on this application must be answered. Any missing information may result in a delay in processing.

Applicant Information:

Business Details:

Sole Proprietorship
 General Partnership
 Limited Partnership
 S-Corp
 C-Corp
 LLC
 Non-profit
 Other

Date Business Established
 State of Incorporation
 NAICS Code
 2019 Revenue (format in \$)
 Number of F/T Employees
 Number of P/T Employees

MWVBE:
 Minority-Owned
 Women-Owned
 Veteran-Owned
 None

Management/Ownership

Name and Title	Tax ID	% Ownership	Address

Have you received any state funding previously?
 Yes
 No

If yes, describe below:

Date	Type	Agency	Purpose

Does the applicant maintain more than one business location?
 Yes
 No

If yes, please provide the address of any additional business locations, as well as the number of employees at each location.

	Number of F/T Employees	<input style="width: 50px;" type="text"/>	Number of P/T Employees	<input style="width: 50px;" type="text"/>
	Number of F/T Employees	<input style="width: 50px;" type="text"/>	Number of P/T Employees	<input style="width: 50px;" type="text"/>
	Number of F/T Employees	<input style="width: 50px;" type="text"/>	Number of P/T Employees	<input style="width: 50px;" type="text"/>

* Data is used for internal purposes only

Hospitality Emergency Loan Program

Funding Request:

1. Total funding requested (may not exceed \$10,000)

Bill Type	Creditor	Amount Due	Date Due
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

2. Time period covered by funding requests

Please attach the following documents to the application

Missing documents will result in a delay of processing.

- a. Copy of billing statements or invoices for unavoidable expenses to support amount of funding request.
- b. Proof of payment over the past 12 months for expenses for which funding is requested. This may be in the form of an account statement or letter from the relevant vendor/creditor.
- c. Financial statements for most recent year completed.
- d. Copy of Delaware business license.

Hospitality Emergency Loan Program

Has the applicant or any person listed as an owner on page 1 of this application:

Yes	No	
		Been the subject of, or party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution, or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal statutes, regulations, or rules governing collective bargaining, hours of labor, working conditions, industrial hygiene and safety, minimum wage standards, discrimination in wages, child labor, unemployment insurance, workers' compensation or other labor law matters?
		Been the subject of or a party to any formal or informal inspection, inquiry, investigation, administrative proceedings, criminal prosecution
		Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any state or federal law enforcement, regulatory or administrative agency for the criminal or civil violation of any federal or state statute, regulation, rule or the terms of any license or permit issued by a federal or state agency, including the failure to hold such a license or permit?
		Been the defendant in any civil litigation in which any type of fraud, misrepresentation, unfair or deceptive trade practices were alleged?
		Been denied any license or permit or had any license or permit revoked or suspended by any federal, state or local agency or governmental body?
		Been convicted of a crime?
		Filed a voluntary petition in bankruptcy or had an involuntary petition in bankruptcy filed against the Applicant, in any bankruptcy court, or been subject to any other state or federal insolvency or receivership proceedings?
		Been an owner or manager of a manufacturing facility that was designated as a chronic violator by the Delaware Department of Natural Resources & Environmental Control?
		Do you have a family member who is currently employed in either the Delaware General Assembly and/or Executive Branch? Family member is defined as sibling, parent, aunt, uncle cousin or second cousin. If so by: _____

Certifications and Notarization to Applicants

Certification:

Eligibility for financial assistance from the Delaware Economic Development Authority is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the proposed project from the facts presented herein could disqualify the project.

To the extent permitted by Delaware's Freedom of Information Act, all information contained in this application or obtained by the Authority in investigating or considering this application will be kept confidential, except for disclosure to the staff and attorneys of the Authority and the Delaware Division of Small Business ("DSB").

I, the undersigned, being duly sworn upon my oath say:

1. The Applicant as listed is the recipient of the funds. 2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project. The Applicant further agrees to comply with all of the terms of the Agreement that governs the financial assistance. As part of this agreement, the Applicant agrees to use its best efforts in good faith to meet all employment projections set forth herein and to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant. The Applicant agrees to report to the Authority, no later than June 30 of the year following the start of its operation of the project, the total number of its unskilled and semiskilled employees and the number of its unskilled and semi-skilled employees who were residents of Delaware at the time of their employment. 3. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Authority or the Delaware Division of Small Business ("DSB") may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or "public body," as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DSB or the Authority staff or attorneys in evaluating Applicant's application for assistance. 4. This application, with all attachments & exhibits, is the product of diligent and reasonable investigation that I have either overseen or been personally involved. 5. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate and complete to the best of my information and belief. 6. I am a director or officer acting within the scope of my employment and authorized to act on behalf of the Applicant. 7. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I am subject to criminal prosecution. Further, the Authority, at its option, may terminate its financial assistance. 8. That the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds. 9. I understand the Authority may also require additional information as determined by Authority staff.

Applicant Information:

Name of Applicant (Business)

Signature of Representative of the Applicant

Title

Signed