



**Town of Burrillville**  
144 Harrisville Main St., Harrisville, RI 02830  
401-568-4300, Ext. 130

## ARPA Small Business Recovery Grant Application

Legal Name of Business:

Business Address:

Federal Tax ID:

Rhode Island Business License #:

Date on which the business was established at the address listed above:

Provide a brief description of the business:

Provide a brief description of how the business was affected by COVID-19 pandemic:

One year revenue loss due to COVID-19 pandemic: \$

Amount of grant request: \$

### Attestation and Documentation

I hereby attest that the information provided in this grant application is complete, true and correct, and that I am a duly authorized representative of the business entity named above.

I agree to provide the Town of Burrillville with copies of the relevant 2019, 2020 or 2021 tax returns, or portions thereof, demonstrating revenue loss, if requested.

Name of person completing the application:

Relationship to the business entity:

Contact phone number:

Email:

Signature of authorized representative:

Date: