



**CITY OF WEST SACRAMENTO  
SMALL BUSINESS ACCELERATOR PROGRAM-  
PERMIT FEE ASSISTANCE PROGRAM**

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The purpose of the City of West Sacramento (City) Small Business Accelerator Program (Program) is to help reduce barriers for small businesses by absorbing many start-up/improvement costs and create visible community improvements. This program encourages small businesses to invest in their business and make meaningful improvements that otherwise would be difficult financially.

**Submit Completed Applications to Meaghan Stiles:**

- **Email:** Meaghan Stiles at [Meaghans@cityofwestsacramento.org](mailto:Meaghans@cityofwestsacramento.org)
- **Mail:** 1110 West Capitol Ave West Sacramento, CA 95691
- **Deliver in Person:** 825 Tower Bridge Gateway West Sacramento, CA 95691 (by appointment only)

*This Program provides up to \$10,000 through the City's Small Business Accelerator Program (Program) to any small business towards the cost of City Planning and or Building Permit fees necessary to occupy or expand in a commercial space.*

**The business MUST be located within the City of West Sacramento. Please type or complete in ink, applications in pencil will be returned. Do not leave any blank spaces and answer "N/A" if a question does not apply to your business.**

**STEP ONE: Determine your eligibility. (All conditions must apply)**

- Business is physically located within the City's jurisdictional limits.
- Business employees 15 or less full-time equivalent employees, including the owner.
- Business holds a current business license.
- Business is in good standing with the city and does not have existing violations of the West Sacramento Municipal Code.
- Business can provide documentation of annual revenues not exceeding \$3M.

**STEP TWO: Submit the following documents:**

- Completed Small Business Grant Program Application (this entire packet).
- Statement of intended use of grant funds.
- Summary of Costs: Business Expenses (Attachment A).
- Payroll reports, tax documents, or other official documents noting the number of staff employed by the business.
- Financial documents demonstrating the business has annual revenues of less than \$3M.
- Copy of current business license.
- Completed Form W-9 Request for Taxpayer Identification Number and Certification.

*DISCLAIMER: The submittal of information herein does not guarantee any award of funding by the City or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City's verification of an applicant meeting the Program's eligibility requirements.*

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**1. Applicant Information**

Business Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

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

Business Website: \_\_\_\_\_

IRS Tax ID/ EIN: \_\_\_\_\_

Business Open Date: \_\_\_\_\_

Business License No.: \_\_\_\_\_

**2. Background Information**

2.1. Is the business owner(s) or any individual owning 20% or more of the equity of the business subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction, or presently incarcerates, or on probation or parole?

No       Yes

2.2. Within the last 5 years, for any felony, has the business owner(s) 1) been convicted, 2) plead guilty, 3) pleaded nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

No       Yes

2.3. Is the business owner(s) presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

No       Yes, please describe:

2.4. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens?

No       Yes, please describe:

2.5. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?

No       Yes, please describe:

2.6. Are there any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business owner(s)?

No       Yes, please describe:

2.7. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?

No       Yes, please describe:

**3. Financial Information**

3.1. Does your business have annual revenues less than \$3M?

No       Yes

3.2. Provide a description of your business, including the types of services and/or products you provide.

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3.3. List your business category

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3.4. List the number of staff your business directly employs:

Permanent Full-time: \_\_\_\_\_ Seasonal Full-time: \_\_\_\_\_

Permanent Part-time: \_\_\_\_\_ Seasonal Part-time: \_\_\_\_\_

#### 4. Certification

By signing below, I certify that all the information I have provided in this application, including all applicable attachments, is true and correct to the best of my knowledge. I agree to notify the City promptly in writing upon any material change in the information provided herein. I understand that the City and its consultants reserve the right to request additional documentation to determine eligibility.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this applicant and attachments.
- If I am granted Program funds, I will use the funds for the purposes stated in this application.
- In no event shall the City be financially responsible for any business expenses that exceed the approved grant funding amount, if approved.
- I bear full responsibility for any and all tax consequences related to my receipt of grant funds, if awarded, including, but not limited to, issuance of an IRS Form 1099 by the City.
- I understand that there is no agency, employment, joint venture, or other such relationship created by virtue of award of the grant, if granted. The City does not endorse the specific business.
- I agree to indemnify the City, its employees, and its consultants from and against any claim, injury, liability, loss, cost and/or expense or damage, including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity in which the business uses the awarded Program funds.
- I agree to comply with all applicable local, state, and federal regulations, including, but not limited to, business licenses and permits, zoning (e.g., signage), building, and other regulations regarding the operation of the business.
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act (ADA). As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

#### **BUSINESS OWNER:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **ADDITIONAL BUSINESS OWNER (if applicable):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT A**  
Summary of Costs: Permit Fee Expenses

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Grant funds are intended to assist with expenses associated with the cost of City Planning and or Building Permit fees necessary to occupy or expand in a commercial space.

*PLEASE INCLUDE PERMIT FEE ESTIMATE IN THIS PACKET*

Business Owner(s) Name(s): \_\_\_\_\_

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

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

Amount Being Requested: \_\_\_\_\_