

**TEAM KENTUCKY FOOD AND BEVERAGE RELIEF PROGRAM
CERTIFICATION**

1. My name is _____.
2. I am authorized to provide information concerning the business entity _____, d/b/a _____. I am an owner or a control person for the business entity named herein and am authorized to make this application. No other application has been made for the business entity named herein.
3. The business I am applying for operates at the following physical location:

4. I hereby certify that this business is either a bar or a restaurant, as defined in the Program Eligibility Guidelines and Criteria.
5. I further certify that my business was closed to in-person, indoor, on-site consumption pursuant to Executive Order 2020-968.
6. I further certify that the above referenced business is in compliance with all Executive Orders, all Executive Branch Cabinet Orders, and all mandates of the local health department or local officials.
7. I further certify that the above referenced business will comply with all existing and future Executive Orders, all Executive Branch Cabinet Orders, and all mandates of the local health department or local officials.
8. I further certify that this business is not owned or controlled by a publicly traded company.
9. I further certify that this business does not receive more than fifty percent (50%) of its gross receipts through operation of a drive-thru window, and is not a food truck.
10. I understand that any business entity may receive a maximum of twenty-thousand dollars (\$20,000) regardless of the number of bars and/or restaurants it owns and/or controls, and

certify that I have not requested more than twenty-thousand dollars (\$20,000) in awards for this business entity, as that term is defined in the Program Eligibility Guidelines and Criteria.

11. I certify that I and/or members of my immediate family have an ownership interest in the following business entities which own or operate a bar or restaurant:

12. I certify that the documents provided in support of this application are true and correct copies and the originals have not been altered. I certify that the business entity named herein holds all licenses, permits, or authorities required to operate as a bar or restaurant and that such licenses, permits or authorities are current and valid. I further certify that no conditions exist which would warrant revocation or suspension of such licenses, permits or authorities, and that no taxes or license fees related to the business entity are delinquent.

13. I certify that I have provided true and correct copies of invoices or proof of payment of eligible expenses. I further certify that I have only sought reimbursement for eligible expenses, as that term is defined in the Program Eligibility Guidelines and Criteria.

14. I certify that should I receive an award, I will maintain records of all specific expenditures reimbursed by the award for a period of five (5) years and make them available upon request, in accord with the requirements articulated in the Program Guidelines and Eligibility Criteria.

15. I certify that I have fully read and understand the Program Guidelines and Eligibility Criteria, and will abide by them. I understand that if I violate any of the Program Guidelines and Eligibility Criteria, I may be required to repay the award in its entirety.

I understand, by affixing my signature, that I am making representations regarding my business. I further understand that making false representations could constitute a criminal act and that I may be prosecuted for providing a false certification.