



Lovin' Lathrup Village/Oakland Together Restaurant Relief **REIMBURSEMENT APPLICATION FORM**

Please fill out the following application and enclose copies of all paid invoices to be reimbursed.

BUSINESS INFORMATION

Business Name: _____

Business Contact Person: _____

Business Address: _____

Contact Phone Number: _____

Email: _____

BUSINESS INFORMATION

1. Number of employees (including full-time and part-time) _____
2. How long has your business been located in Lathrup Village? _____
3. Total Requested reimbursement amount for eligible expenses between July 1, 2020 and March 1, 2021.

Note: Please see the guideline packet for eligible expenses. Make sure to attach all related paid receipts and invoices for requested reimbursement expenses.

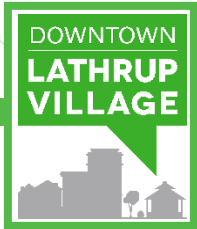


OUTDOOR DINING

The Lathrup Village Downtown Development Authority has reserved funds to provide restaurants assistance in working with the City’s planning consultant, Giffels Webster, in designing and planning small outdoor dining spaces. Would your restaurant be interested in developing an outdoor dining space?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you selected yes, please use the space below to provide any information we should consider (landlord concerns, space constraints, design, usage, etc.)



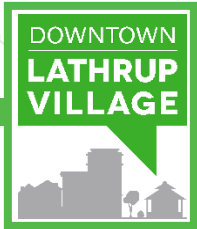
Lovin’ Lathrup Village/Oakland Together Restaurant Relief Program **APPLICANT AFFIRMATION & SIGNATURE FORM**

The Undersigned Applicant Affirms and Understands That:

1. The information submitted herein is true and accurate to the best of my knowledge.
2. I have read and understand the Lovin’ Lathrup Village/Oakland Together Restaurant Relief program guidelines and agree to abide by these conditions.
3. I understand and agree to the terms detailed in Exhibit A Pass-Through Provisions for Sub-Grantee Businesses, as stipulated by Oakland County.
4. I understand and agree to the pay back provisions if the business closes or moves from Lathrup Village within three years of being awarded a Lovin’ Lathrup Village/Oakland Together Restaurant Relief Grant.
5. I am authorized to submit this reimbursement request on behalf of the business listed above, the funds will be used solely for reimbursement for expenses incurred at the location listed above, and the information provided is accurate and true to the best of my knowledge.
6. The property owner and business owner shall indemnify, defend, and hold the Downtown Development Authority and the City of Lathrup Village, their affiliates, and their respective officers, directors, council, members, employees, agents, and other representatives harmless from and against all claims, losses, expenses, liabilities, demands, obligations, or damages of every kind and nature (including, without limitation, reasonable attorney fees and expenses) (Losses), arising out of or related to (i) any act or omission of property owner and business owner or (ii) any breach of this Agreement by the property owner and business owner relative to this grant.

Signature – Business Owner

Date



Lovin' Lathrup Village/Oakland Together Restaurant Relief **ADDITIONAL REIMBURSEMENT APPLICATION FORM**

Please fill out this form to receive additional reimbursement. Additional reimbursements can be requested on a monthly basis. Eligible products, services, and fees must be incurred from July 1, 2020 to June 30, 2021.

BUSINESS INFORMATION

Business Name: _____

Business Contact Person: _____

Business Address: _____

Phone Number: _____

Email: _____

BUSINESS INFORMATION

1. Date range of paid invoices: _____

2. Amount of funds requested to be reimbursed: _____

Office Use Only

Date Received: _____
Invoices attached: _____ Yes _____ No _____
Initial Amount Remaining: _____
Amount awarded: _____
Amount remaining: _____
Date inserted in spreadsheet: _____