

Date:

Name of Business:

PS, I Love You Small Business Stabilization Fund Application

This application will be reviewed by community members. Along with the requested items, please include any applicable information that would assist them in making a funding decision for your business.

Email Address:	
Phone Number:	
Business Address:	
Amount requested: \$	
How long have you been in business?	
How many months do you have remaining on your cu	rrent lease?
Please check this box to verify that your busin	ess has fewer than 50 employees.
Documents to include with this application:	
Business plan:	
o High level overview of your business	
o How does your business contribute to Pioneer Square?	
o What will these funds be used for?	
o How will these funds stabilize your operations?	
 Current/signed W-9 form 	
 Copy of current business license 	
Signature of Applicant	Printed Name of Applicant