| OWNER | BUSINESS NAME | TYPE | OWNER BUSINESS NAME TYPE ADDRESS |
|----------------------------------|------------------------------------|-----------------------------------|--|
| Mohan Pokhrel | MS MiniMart | Convenience Store | 10901 FM 1902 Crowley 76036 |
| Carla Algeria | VAQUERO FOOD S | VAQUERO FOOD ST Convenience Store | 2761 FM 2738 Alvarado 76009 |
| Stephen Atchison S & A Collision | S & A Collision | Auto repair | 2204 FM 731, Burleson 76028 |
| Christine Bristow Gothic Vapor | Gothic Vapor | Vapor/Convenience | 12611 E. FM 917 Unit B, Alvarado 76009 |
| Kevin Donaldson | Baileys Materials Sand & Gravel | Sand & Gravel | 4553 S. Hwy 174, Cleburne 76003 |
| Ron Swiger | Swiger Indepent Kt Auto repair | ι Auto repair | 1500 CR 700, Cleburne 76031 |
| Keith Kelly | Kelly's & Company Auto Restoration | Auto Restoration | 105 Black Jack Lane |
| Joe Ratliff | Fort Worth Music Vending | Vending | 408 Kaether, Alvarado 76009 |

Constissioners Court SEP 1 4 2020

Approved

| Applicant/Business Name: MS Mini Mart | | | | | | |
|---|--------------------------------------|--|--------------------|----------------|--|---------|
| Mailing Address: 10901 FM 1902 Crowley, TX 76036 | | | | | | _ |
| Business Address: 10901 FM 1902 Crowley, TX 7603 | 6 | | | * | | _ |
| Business ID#: | | | | | | |
| Sales Tax and Use Permit #: 32068902892 | | ······································ | | | | _ |
| Applicant Contact Name: Mohan Pokhrel | | _ Phone | e #: <u>81737</u> | 84376 | eta hillandia, n. 1860-lah daer sar n. Sassansa sebe | nua. |
| Email Address: msminimart10@gmail.com | | Y | | | | |
| Grant Amount Requested (\$5000 max): \$5000 | Busin | ess Typ | e: Conver | nience / Fee | d Store | - |
| Business in operation as of Jan 01, 2020? | YES | YES | | NO | | |
| Business is currently operating and compliant? | YES | YES | | NO | | |
| Business is located in unincorporated area of John | nson County? | YES | YES | | NO | |
| Business has 20 employees or less" YES | YES | | NO | | | |
| Business lost employees during Covid-19 Declara | ations? | | YES N | 10 | NO | |
| If "YES" how many? Will bus | iness be rehirir | ng? | YE | s | _ NO | |
| Business operates as a Franchise or Franchisee? | | YES | NO | NO | | |
| If "YES" is business locally owned? | **** | YES | | NO | | |
| Business received any financial support or loans a | as result of CA | RES A | et? YES | YES | | _ NO |
| How has your business been impacted by the CO' We sell animal feed in addition to the groceries. We opened | VID-19 Declar I late in the day a | rations? nd closed | YES early on Ap | eril and May 2 | 2020. | |
| COVID -19 affected this business very hardly." | | | | | | |
| How long was business closed during COVID-19 | Declarations? | From: | opened | late and a | closed . | ecivity |
| If awarded a grant, how do you plan to use the gra- - Employee payment | | | | | | |
| - Utility payment | | ···· | , | · | | |
| - Add more inventory | | | | | | |

PROGRAM LIMITATIONS: The Johnson County Small Business Recovery Program is not intended to and shall not be construed to confer any right, interest, or entitlement to any person or business entity, and any grants, or portions of grants, under this program may be suspended, revoked, or cancelled at any time. Applications for grants will be uniformly considered based on compliance with eligibility criteria and on a first come, first served basis only; awards will not be given nor considered on the basis of age, race, ethnicity, religion, sex, or any legally protected classification. Due to limited funding, no person or business entity will be allowed overlapping awards of more than one award per eligible business, nor more than the maximum allowable grant per business. The Johnson County Commissioners' Court reserves the right to decline any application for any non-discriminatory reason or to approve and provide grants of less than the maximum amount.

Following an award, if any one or more of the criteria are not met or it is discovered that an application contains materially false or misleading information, then as a condition of an award and of this program, the applicant shall immediately refund all grant payments previously made and all costs incurred by the County and/or JCEDC, including reasonable attorney's fees. By submitting an application or by accepting an award, it is an express condition that the applicant and recipient indemnify, defend, release and hold harmless the County, JCEDC, and its members, officials, employees, and representatives from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly or indirectly arising from or in connection with any act, omission, or conduct of the County and/or JCEDC.

I have read and agree to the terms and conditions set forth above. I understand that my request will be evaluated and recommendations made as to approval of this Small Business Recovery Grant. I understand that the submittal of this application in no way guarantees me a grant from the Johnson County Economic Development Commission or the Johnson County Commissioners' Court. I understand that additional information may be requested as needed. The JCED and/or the Johnson County Commissioners' Court reserves the right to reject any and all applications at their sole discretion. All information provided is true and correct and any financial information submitted has not been manipulated to exaggerate the financial duress of this business.

| I am authorized to submit this application on bel | half of the business |
|--|---|
| If awarded a grant I will provide documentation to the JCED funds were spent on eligible expenses or qualified reimburse | C and the Johnson County Commissioners' Court that 100% of the ments within 90 days of receiving the grant. |
| Signature of Applicant: Porting. | Date: 07/20/2020 |
| Printed Name of Applicant: Mohan Pokhrel | |
| Title of Applicant: Manager | |
| Name of Business: MS Mini Mart | |
| Physical Address of Business: 10901 FM 1902 | |
| City: Crowley State: Tex | Zip Code: 76036 |
| | |

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of email, put "COVID-19 GRANT"

Johnson County Economic Development Commission

Diana J. Miller, Executive Director

I agree to the above statement

Phone: 817-556-6985

INTY SMAGE BUSINESS RECOVERY GRANT In Parenesship with the The Economic Development Commission

| as TX |
|-----------------------------|
| |
| |
| 6#: 817-841-5026 |
| Store / Restaurant NO NO NO |
| YES NO |
| NO - |
| YES NO |
| X YES _ NO |
| NO NO |
| et? YES X NO |
| |
| etrosea |
| Dag electric bill |
| |
| EM 12 to NOW |
| The business? |
| Peopen |
| |
| |

I common County Small Business all cases. Program is not intended to and shall not be construed in the control of any person or business settle, and any grants, or portions of grants, under this set are carefulled at any time. Applications for grants will be uniformly considered based on a new control of the first second basis only, awards will not be given nor considered on the basis of the totally protected classification. Due to him set finding, no person or business entity to the first second person of business, nor more than the maximum allowable grant per than the swant person of the sward person of the first second person of the state of the first second person of the sward person of the sw

a are not met is it is discovered that an application contains materially false or and and of the program, the applicant shall immediately refund all grant the County and as ISIN. including reasonable attorney's fees. By submitting the condition that the applicant and recipient indemnify, defend, release and officials that is expand representatives from and against any and all claims, the many of indirectly arising from or in connection with any

The composition of the try request will be evaluated and pulses to the country indicated that the submittal of this application in control to the impress control to the policy of the Johnson County or of the Johnson County or of the Johnson County and all applications at their sole discretion. All information provided is true in the policy of the Johnson County and all applications at their sole discretion. All information provided is true in the policy of the

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2020 JOHNSON COUNTY SMALL BUSINESS RECOVERY GRANT In Partnership with the

Johnson County Economic Development Commission

| Applicant/Business Name: S&A Collision |
|---|
| Mailing Address: 2204 FM 731 Burleson,TX 76028 |
| Business Address: 2204 FM 731 Burleson, TX 76028 |
| Business ID#: |
| Sales Tax and Use Permit #: 3-20596-8083-8 |
| Applicant Contact Name: Stephen Atchison Phone #: 817-447-6635 |
| Email Address: snacoll@aol.com |
| Grant Amount Requested (\$5000 max); \$5000.00 Business Type: Collision Center |
| Business in operation as of Jan 01, 2020? Yes YES NO |
| Business is currently operating and compliant? Yes YES NO |
| Business is located in unincorporated area of Johnson County? Yes YES NO |
| Business has 20 employees or less" Yes YESNO |
| Business lost employees during Covid-19 Declarations? YES NO NO |
| If "YES" how many? Will business be rehiring? YES NO |
| Business operates as a Franchise or Franchiseo? YES NO NO |
| If "YES" is business locally owned? YESNO |
| Business received any financial support or loans as result of CARES Act? VES No No |
| How has your business been impacted by the COVID-19 Declarations? Susiness has remained open, but has slowed down in sales and had to continue payroll to |
| retain employees. |
| How long was business closed during COVID-19 Declarations? From: |
| If awarded a grant, how do you plan to use the grant to support the growth of the business? To catch up on expenses and purchase equipment for the business. |
| |

PROGRAM LIMITATIONS: The Johnson County Small Business Recovery Program is not intended to and shall not be construed to confer any right, interest, or entitlement to any person or business entity, and any grants, or portions of grants, under this program may be suspended, revoked, or cancelled at any time. Applications for grants will be uniformly considered based on compliance with eligibility criteria and on a first come, first served basis only; awards will not be given nor considered on the basis of age, race, ethnicity, religion, sex, or any legally protected classification. Due to limited funding, no person or business entity will be allowed overlapping awards of more than one award per eligible business, nor more than the maximum allowable grant per business. The Johnson County Commissioners' Court reserves the right to decline any application for any non-discriminatory reason or to approve and provide grants of less than the maximum amount.

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I have read and agree to the terms and conditions set forth above. I understand that my request will be evaluated and recommendations made as to approval of this Small Business Recovery Grant. I understand that the submittal of this application in no way guarantees me a grant from the Johnson County Economic Development Commission or the Johnson County Commissioners' Court. I understand that additional information may be requested as needed. The JCED and/or the Johnson County Commissioners' Court reserves the right to reject any and all applications at their sole discretion. All information provided is true and correct and any financial information submitted has not been manipulated to exaggerate the financial duress of this business.

State: Texas Zip Code: 76028

| If awarded a grant I will provide documentation to the ICEDC and the funds were spent on eligible expenses or qualified reimbursements with the provided reimbursements of the provided reimbursement of the provided reim | | at 100% of the |
|--|--|----------------|
| Signature of Applicant: Stophen Atchieve | Date: 07-21-20 | |
| Printed Name of Applicant: Stophon Atchison | control & and the self-defined control of the self-defined | |
| Title of Applicant: Owner | | |
| Name of Business: S&A Collision | | |
| Physical Address of Business: 2204 FM 731 | | |

I am authorized to submit this application on behalf of the business

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of email, put "COVID-19 GRANT"

Johnson County Economic Development Commission Diana J. Miller, Executive Director

I agree to the above statement

Phone: 817-556-6985

City: Burleson

Yes

| Applicant/Business Name: Gothic Vapor LLC | | | | | |
|--|-----------------|------------------|----------------|--------------|-----|
| Mailing Address: 12611 E. FM 917 UNIT B | | | | | • |
| Business Address: 12611 E. FM 917 UNIT B | | | | | - |
| Business ID#: EIN 46-3169677 | | | | | - |
| Sales Tax and Use Permit #: 32051493248 | | | | | _ |
| Applicant Contact Name: Christine Bristow | Phone | e #: 817-473- | 3600 | | • |
| Email Address: cbristow@gothicvapor.com | - | | | | - |
| Grant Amount Requested (\$5000 max): \$5000.00 Busing | ness Typ | e; Vapor / Co | nvenience | | |
| Business in operation as of Jan 01, 2020? | | | | | - |
| Business is currently operating and compliant? | | | | | |
| Business is located in unincorporated area of Johnson County? | | | | | |
| Business has 20 employees or less" X YES | | | | - | |
| Business lost employees during Covid-19 Declarations? | | YES x | | NO | |
| If "YES" how many? Will business be rehiri | ng? | YES | | NO | |
| Business operates as a Franchise or Franchisee? | YES | x | NO | | |
| If "YES" is business locally owned? | | | | | |
| Business received any financial support or loans as result of CA | RES Ac | t? | YES | x | NC |
| How has your business been impacted by the COVID-19 Declar | rations? | | | | |
| We were made to shut down for a long period of time due to government | t declared | emergency. | | | |
| We continued to pay our employees although we were unable to conduc | at business | as usual. | | | |
| | | | | | |
| How long was business closed during COVID-19 Declarations? | From: _ | | to 5/1 | /2020 | |
| f awarded a grant, how do you plan to use the grant to support t | the growt | th of the bus | siness? | | |
| We will continue to be able to pay our 5 full time employees, it's been very difficult to | | | | | |
| The dates of closure entered above may not be accurate, I cannot locate the document closu | ure dates for . | Johnson County (| prior to the 1 | rexas lockdo | wn. |
| Thank you in advance. | | | | | |

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I have read and agree to the terms and conditions set forth above. I understand that my request will be evaluated and recommendations made as to approval of this Small Business Recovery Grant. I understand that the submittal of this application in no way guarantees me a grant from the Johnson County Economic Development Commission or the Johnson County Commissioners' Court. I understand that additional information may be requested as needed. The JCED and/or the Johnson County Commissioners' Court reserves the right to reject any and all applications at their sole discretion. All information provided is true and correct and any financial information submitted has not been manipulated to exaggerate the financial duress of this business.

100% of the

| | | | | oven manpanae | to overegon are un | unotal duress of |
|--------------|-----------------|-------------------------|---------------------------------------|---------------------------------------|---|------------------|
| Yes | I agree to the | above statement | | | | |
| Yes | I am authorize | ed to submit this appl | ication or | bchalf of the busine | ess | |
| | | | | | on County Commission days of receiving the | |
| Signature of | Applicant: | Abrest | / | Brusta) | Date: 07/06/2020 | |
| Printed Nam | ne of Applican | t: Christine E. Bristow | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | - |
| Title of App | licant: Partner | - | | | | • |
| Name of Bu | siness: Gothic | : Vapor LLC | | | | |
| Physical Add | dress of Busin | ess: 12611 E. FM 917 | UNIT B | | | |
| City: ALVAF | RADO | | State: | Texas Zip Code | : 76009 | - |
| | | | | | | |

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of email, put "COVID-19 GRANT"

Johnson County Economic Development Commission

Diana J. Miller, Executive Director

Phone: 817-556-6985

| Applicant/Business Name: Bailey Materials |
|--|
| Mailing Address: 4553 S. Hwy 174 |
| Business Address: 4553 S. Hwy 174 |
| Business ID#: 464 51 1103 |
| Sales Tax and Use Permit #: NA |
| Applicant Contact Name: Kevin Donaldson Phone #: 817 487 8520 |
| Email Address: Kab donaldson Qyahoo.com |
| Grant Amount Requested (\$5000 max): \$ 5000. 5 Business Type: Sand / Gravel delivery |
| Business in operation as of Jan 01, 2020? YES YES NO |
| Business is currently operating and compliant? YES NO |
| Business is located in unincorporated area of Johnson County? YESN() |
| Business has 20 employees or less" YES NO |
| Business lost employees during Covid-19 Declarations? YES NO |
| If "YES" how many? Will business be rehiring? YES NO |
| Business operates as a Franchise or Franchisee? YESNO |
| If "YES" is business locally owned? VES NO |
| Business received any financial support or loans as result of CARES Act? YES NO |
| low has your business been impacted by the COVID-19 Declarations? |
| Loss of revenue due to individuals being furloughed amd |
| More Conscrivative on how they Spend miney. |
| |
| How long was business closed during COVID-19 Declarations? From: Net closecito |
| f awarded a grant, how do you plan to use the grant to support the growth of the business? |
| Mortgage / Utility payments, inventory |
| |
| |

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If awarded a grant I will provide documentation to the JCBDC and the Johnson County Commissioners' Court that 100% of the

| Signature of Applicant: Kevin Denaldsen | Date: 07-07-2020 |
|---|------------------|
| Printed Name of Applicant: Kexin Denaldsen | |
| Title of Applicant. OWNER | |
| Name of Business: Bailey Materials | |
| Physical Address of Business: 4553 S. Hwy 174 | |
| City: Chure State: Texas Zip Code: 7 | 16033 |

funds were spent on eligible expenses or qualified reimbursements within 90 days of receiving the grant.

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of email, put "COVID-19 GRANT"

_ I am authorized to submit this application on behalf of the business

Johnson County Economic Development Commission Diana J. Miller, Executive Director

Lagree to the above statement

Phone: 817-556-6985

xd

| Applicant/Business Name: Swiger Independent Kustoms LLC |
|--|
| Mailing Address: 1500 CR 700 CLEBURNE TX 76031 |
| Business Address: 1500 CR 700 CLEBURNE TX 76031 |
| Business ID#: 834562957 |
| Sales Tax and Use Permit #: 3-20704 -7306 -4 |
| Applicant Contact Name: Row SwiGER Phone #: 682-333-1033 |
| Email Address: Swige cinclependent Kustoms Q gmail. com |
| Grant Amount Requested (\$5000 max): \$ 5000 Business Type: AUTOMOTIVE PEPAIR |
| Business in operation as of Jan 01, 2020? YES NO |
| Business is currently operating and compliant? YESNO |
| Business is located in unincorporated area of Johnson County? YES NO |
| Business has 20 cmployees or less" YES NO |
| Business lost employees during Covid-19 Declarations? YES NO |
| If "YES" how many? Will business be rehiring? YES NO |
| Business operates as a Franchise or Franchisee? YESNO |
| If "YES" is husiness locally owned? YES NO |
| Business received any financial support or loans as result of CARES Act? YES NO |
| How has your business been impacted by the COVID-19 Declarations? WITH CUSTOMES |
| STAYING HOME, I HAVE HAD A SIGNIFICANT LOSS OF WORK. IT |
| HAS ALSO BEEN DEFFECULT TO BUY AND SHEP (Tome) AUTOMOTIM |
| PARTS OUR TO OTHER STATES SINUTTING DOWN |
| How long was business closed during COVID-19 Declarations? From: MAR. 7 to to Party 15% to |
| If awarded a grant, how do you plan to use the grant to support the growth of the business? 15 |
| ADVITTISE THAT I AM OPEN AND GAIN MORE CUSTOMER BASE. |
| TO PROVEDE BETTER PPE + FACELETTES TO CUSTOMERS |

PROGRAM LIMITATIONS: The Johnson County Small Business Recovery Program is not intended to and shall not be construed to confor any right, interest, or entitlement to any person or business entity, and any grants, or portions of grants, under this program may be suspended, revoked, or cancelled at any time. Applications for grants will be uniformly considered based on compliance with eligibility criteria and on a first come, first served basis only; awards will not be given nor considered on the basis of age, race, ethnicity, religion, sex, or any legally protected classification. Due to limited funding, no person or business entity will be allowed overlapping awards of more than one award per eligible business, nor more than the maximum allowable grant per business. The Johnson County Commissioners' Court reserves the right to decline any application for any non-discriminatory reason or to approve and provide grants of less than the maximum amount.

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| I am authorized to submit this application on behalf of the business |
|--|
| If awarded a grant I will provide documentation to the JCFDC and the Johnson County Commissioners' Court that 100% of the funds were spent on eligible expenses or qualified reimbursements within 90 days of receiving the grant. |
| Signature of Applicant: Losso E SUSGU TO Printed Name of Applicant: Losso E SUSGU TO |
| Title of Applicant: MMGER / OLWER |
| Name of Business: SWIGER INDEPENDENT KESTOMS LLC |
| Physical Address of Business: 1500 CR 700 |
| City: CLEBURIUE State: <u>Texas</u> Zip Code: <u>76037</u> |

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of cmail, put "COVID-19 GRANT"

Johnson County Economic Development Commission

I somer to the above statement

Diana J. Miller, Executive Director

Phone: 817-556-6985

| Applicant/Business Name: Kelly's & Company | | ter to an annual Mr. Ministration because a self- | «Этомбоот» макентатичности, что поста на типосичностичности, что по | | |
|---|--|---|---|--|----------|
| Mailing Address: 105 Blackjack Lane | | | | | _ |
| Business Address: 105 Blackjack Lane | | | | | |
| Business ID#: xxx-xx-1605 This is a sole propriatorship - I will g | give you | my full | social if you | u call me. | I 4r4 |
| Sales Tax and Use Permit #: 3-20058-8819-6 | directions according to the site of the si | | | | |
| Applicant Centact Name: Keith Kelly | Phone #: 817-946-3652 | | | | |
| Email Address: KellysCo@KMPGroup.com | | | | | |
| Grant Amount Requested (\$5000 max): \$5,000 Busine | ess Type | e: Fabricat | ion and Automotiv | ve Restoration | |
| Business in operation as of Jan 01, 2020? KWK | YES | | NO | | |
| Business is currently operating and compliant? KWK | YES | | NO | | |
| Business is located in unincorporated area of Johnson County? | KWK | YES | | NO | |
| Business has 20 employees or less" KWK YES | | _ NO | | | |
| Business lost employees during Covid-19 Declarations? | | YES | Reduced hours a | only NO | |
| If "YES" how many? Will business be rehiring | g? | Y | ES | NO | |
| Business operates as a Franchise or Franchisee? | | | NO | | |
| If "YES" is business locally owned? | YES | | NO | | |
| Business received any financial support or loans as result of CAR | | | | KWK | NO |
| How has your business been impacted by the COVID-19 Declara Business has been significantly lower in volume and sales due to the number of our distinging that have been impacted. Our fabrication business, | ations?_ | KWK | | | |
| suspress has been significantly revenue and sales due to the number of our prostoring state been replaced. Our instruction business has kept us able to be source of the shutdowns our owners the hower in the patient have decided ordered a significant quarity of aluminum shedl and steel just prior to the shutdown and have been unable to pay for the product. The vendors are | d to hok on the#p | projects until they | are sure which way the s | ooramy is going to g | a We |
| | | | | 18 - O'C - O | |
| We did not close, but we signifantly scaled back the hours | of oper | ation. | | - A | |
| How long was business closed during COVID-19 Declarations? F | From: <u>N</u> | 1/A | to <u>N</u> | /A | ····· |
| If awarded a grant, how do you plan to use the grant to support the we have a couple of raw material vendors for product that we ordered prior to the shutdomoney to satisfy these past due obligations so that we can regain our financial footing an | lown and h | ave not be | en able to pay.` | | |
| | | | | | |

PROGRAM LIMITATIONS: The Johnson County Small Business Recovery Program is not intended to and shall not be construed to confer any right, interest, or entitlement to any person or business entity, and any grants, or portions of grants, under this program may be suspended, revoked, or cancelled at any time. Applications for grants will be uniformly considered based on compliance with eligibility criteria and on a first come, first served basis only; awards will not be given nor considered on the basis of age, race, ethnicity, religion, sex, or any legally protected classification. Due to limited funding, no person or business entity will be allowed overlapping awards of more than one award per eligible business, nor more than the maximum allowable grant per business. The Johnson County Commissioners' Court reserves the right to decline any application for any non-discriminatory reason or to approve and provide grants of less than the maximum amount.

Following an award, if any one or more of the criteria are not met or it is discovered that an application contains materially false or misleading information, then as a condition of an award and of this program, the applicant shall immediately refund all grant payments previously made and all costs incurred by the County and/or JCEDC, including reasonable attorney's fees. By submitting an application or by accepting an award, it is an express condition that the applicant and recipient indemnify, defend, release and held harmless the County, JCEDC, and its members, officials, employees, and representatives from and against any and all claims, liabilities, losses and expenses (including reasonable atterney's fees) directly or indirectly arising from or in connection with any act, omission, or conduct of the County and/or JCEDC.

I have read and agree to the terms and conditions set forth above. I understand that my request will be evaluated and recommendations made as to approval of this Small Business Recovery Grant. I understand that the submittal of this application in no way guarantees me a grant from the Johnson County Economic Development Commission or the Johnson County Commissioners' Court Tunderstand that additional information may be requested as needed. The JCED and/or the Johnson County Commissioners' Court reserves the right to reject any and all applications at their sole discretion. All information provided is true and correct and any financial information submitted has not been manipulated to exaggerate the financial duress of this business.

| KWK Lagree to the above | re statement | |
|-------------------------------|--|-----|
| I am authorized to | submit this application on behalf of the business | |
| | the documentation to the JCEDC and the Johnson County Commissioners' Court that 100% of spenses or qualified reimbursements within 90 days of receiving the grant. | the |
| Signature of Applicant: | Date: 07/16/2020 | |
| Title of Applicant: Presiden | | |
| Name of Business: Kelly's & | | |
| Physical Address of Business: | 105 Blackjack Lane | |
| City: Burleson | State: Texas Zip Code: 76028 | |
| | | |

Return the completed application and documents via email to:

NOTE*** In SUBJECT line of email, put "COVID-19 GRANT"

Johnson County Economic Development Commission

Diana J. Miller. Executive Director

Phone: 817-556-6985

KWK

| Applicant/Business Name: $J_0 \in \mathcal{RATL} FF$ |
|---|
| Mailing Address: 408 KAETHER LN. ALVARADO TX 76009 |
| Business Address: 408 KAETHER LN ALVARADO TX 76009 |
| Business ID#: |
| Sales Tax and Use Permit #: N/A |
| Applicant Contact Name: JOE RATGIFF Phone #: 817-291-1119 |
| Email Address: JOE - RATLIFF @ LIVE, COM |
| Grant Amount Requested (\$5000 max): \$ 5000 Business Type: VENDING |
| Business in operation as of Jan 01, 2020? YESNO |
| Business is currently operating and compliant?NO |
| Business is located in unincorporated area of Johnson County? YESNO |
| Business has 20 employees or less" YESNO |
| Business lost employees during Covid-19 Declarations? YES |
| If "YES" how many? Will business be rehiring? YES NO |
| Business operates as a Franchise or Franchisee? YES |
| If "YES" is business locally owned? YESNO |
| Business received any financial support or loans as result of CARES Act? YES NO |
| How has your business been impacted by the COVID-19 Declarations? AMERICAN LEGIONS |
| AND VEWS WERE CLOSED DUE TO GOVERNER. |
| |
| |
| How long was business closed during COVID-19 Declarations? From/VARTO MAY LOTHENTILL JUNE |
| If awarded a grant, how do you plan to use the grant to support the growth of the business? |
| PAX Bills |
| |
| |

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I agree to the above statement

I am authorized to submit this application on behalf of the business

If awarded a grant I will provide documentation to the JCEDC and the Johnson County Commissioners' Court that 100% of the funds were spent on eligible expenses or qualified reimbursements within 90 days of receiving the grant.

| Signature of Applicant: | Date: 7/7/20 |
|--|--|
| Printed Name of Applicant. JOERAT 41FF | 7.6.7 |
| Title of Applicant. <u>OUNER</u> | verbriede wat skink duchter wilke in entre verbrieden in 200 |
| Name of Business FT. WORTH MUSIC | auth a threath and the all the annual and a stage of the annual and a stage of the annual ann |
| Physical Address of Business 408 KAETHER | LN. |
| City: AMARADO State: <u>Texas</u> Zip Code | 76009 |

Return the completed application and documents via email to:

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Johnson County Economic Development Commission

Diana J. Miller, Executive Director

Phone: 817-556-6985