

**ID Number:** 61

# **Grant/Loan Application**

| I AM APPLYING FOR  |  |
|--|--|
| Grant  |  |
| AMOUNT REQUESTED   |  |
| \$10,000.00  |  |
| MY BUSINESS IS LOCATED IN A "HIGHLY DISTRESSED" ARE  | :A:  |
| Yes  |  |
| WERE YOU A FINANCIALLY VIABLE ENTITY PRIOR TO MARCI  | H 7, 2020?   |
| Yes  |  |
| NUMBER OF EMPLOYEES  | BUSINESS TYPE  |
| one  | Services   |
| HAVE YOU BEEN NEGATIVELY AFFECTED BY THE COVID-19  | STATE DISASTER EMERGENCY?                            |
| Yes  |  |
| PLEASE DESCRIBE HOW YOU HAVE BEEN NEGATIVELY AFFE  | CTED BY THE COVID-19 STATE DISASTER EMERGENCY:       |
| I own a travel agency in Yonkers for the past fifty years. T trips cancelled for the forseeable future because of covid, fear of flying a going forward.   |  |
| PLEASE DESCRIBE IN DETAIL THE INTENDED USE OF THE FUENHANCES THE ABILITY OF THIS BUSINESS TO SURVIVE.  | JNDS BEING REQUESTED AND HOW THE USE OF THE FUNDS    |
| I can pay my rent and pay myself till travel starts again. I' 911 and hope that within a year I will be back in full business. This Yonkers for the last fifty years as a thriving business will continue to e | grant will facilitate keeping me afloat and being in |
| ARE THE FUNDS BEING REQUESTED UNDER THIS PROGRAM   | ENOUGH FOR YOUR NEEDS?                               |
| Yes  |  |
| Business Information   |  |
| Caprice Travel Agency  | FEDERAL EIN NUMBER                                   |
|  |  |
| BORROWING ENTITY(IF DIFFERENT FROM BUSINESS NAME)  |  |
|  |  |

# **BUSINESS ADDRESS**

891 Mile Square Road 891 Mile Square Road Yonkers, New York 10704



| NDUSTRIAL DEVELOPMENT AGENCY Yonkers IDA Industrial Development Agency   | ID Number: 61  |
|--|--|
| United States  |  |
| WEBSITE ADDRESS  | DATE BUSINESS WAS ESTABLISHED:   |
| http://www.awta1.com   | 06/01/1969   |
| NUMBER OF YEARS OPERATING IN YONKERS   |  |
| 51   |  |
| TYPE OF BUSINESS   |  |
| S Corporation  |  |
| DOES THE BUSINESS HAVE ANY JUDGEMENTS OR TAX LIE   | ENS WITHIN THE PAST 3 YEARS?   |
| No   |  |
| IF YES, PLEASE DESCRIBE  |  |
|  |  |
| PLEASE DESCRIBE THE BUSINESS YOU CONDUCT IN YONI   | KERS   |
| All types of travel needs from air, car, hotel, cruise and company. Serving everyone in the community of Yonkers.                            | packages. Serving the travel needs of individuals and  |
| PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECEN  | T PRIOR YEAR REVENUE   |
| TAX FILING) 2019   |  |
| HAVE YOU RECEIVED FUNDING FROM THE UNITED STATE PAYCHECK PROTECTION PROGRAM ["PPP"] OR EMERGEN GOVERNMENT PROGRAM SINCE THE BEGINNING OF THE | NCY INJURY DISASTER LOAN ["EIDL"] OR ANY OTHER   |
| Yes  |  |
| IF YES, DESCRIBE THE AMOUNT OF ASSISTANCE YOU HAVE EXPLAIN WHY THOSE FUNDS WERE INSUFFICIENT TO ME   | VE RECEIVED AND THE DATE IT WAS RECEIVED. PLEASE ALSO SET CONTINUING OPERATING NEEDS   |
|  | nt and payroll, March and April. April on I've had no income<br>tent and no business booked for the rest of the year because |
| LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LO FUNDING, ETC.                             | Y SEEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONSE<br>ANS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT                        |
|  |  |
| Their is no other funding available for my business as of  |  |
| Their is no other funding available for my business as of  | i now except for this grafft.  |
| Applicant Contact Information  |  |
| PRIMARY NAME OF CONTACT  |  |
|  |  |

TITLE **PHONE NUMBER** 



Yes

**Date:** 2020-07-08 15:24:23

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| Yes SOCIAL DISTANCING IS RELAXED?             |                                 |                              |                                      |
|---|---------------------------------|------------------------------|--------------------------------------|
| IS YOUR PLAN TO REMAIN IN OPERATI             | ON OR TO RE-OPEN THI            | E BUSINESS AFTEI             | R ANY MANDATED CLOSURES AND/OR       |
| There has been no revenue coming in the year. | n as of March 7, 2020. <i>A</i> | All trips were cand          | elled moving forward for the rest of |
| PLEASE DESCRIBE                               |                                 |                              |                                      |
| Yes   |                                 |                              |                                      |
| HAS THE COVID-19 CRISIS RESULTED I            | N A DECLINE OF REVEN            | IUE FOR YOUR BU              | SINESS?                              |
| Yes   |                                 |                              |                                      |
| IS THE PRINCIPAL PLACE OF BUSINESS            | WITHIN YONKERS?                 |                              |                                      |
| Additional Information                        |                                 |                              |                                      |
|   |                                 |                              |                                      |
| IF YES, PLEASE LIST                           |                                 |                              |                                      |
| No  |                                 |                              |                                      |
| IS THERE AN ADDITIONAL PRINCIPAL/O            | OWNER?                          |                              |                                      |
|   |                                 |                              |                                      |
| SSN/EIN                                       | TOTAL HOUSEHOLD I               | NCOME                        | HOUSEHOLD SIZE                       |
|   |                                 |                              |                                      |
| EMAIL   |                                 | DATE OF BIRTH                |                                      |
|   |                                 |                              |                                      |
| HOME PHONE                                    |                                 | CELL PHONE                   |                                      |
|   |                                 |                              |                                      |
| CITY  | S                               | STATE                        |                                      |
|   |                                 |                              |                                      |
| ADDRESS                                       |                                 |                              |                                      |
| Michele Weis                                  |                                 | 100                          |                                      |
| PRINCIPAL/OWNER FULL NAME                     | F                               | PERCENTAGE OF BUSINESS OWNED |                                      |
| PRINCIPAL/OWNER INFORMAT                      | ΓΙΟΝ                            |                              |                                      |
|   |                                 |                              |                                      |
| EMAIL ADDRESS                                 |                                 |                              |                                      |
| President                                     |                                 |                              |                                      |
|   | gency                           |                              |                                      |



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Yonkers IDA Industrial Development Agency

| HAVE YOU FILED THE  | LAST TWO YEARS TAX RETURNS FOR YOUR BUSINESS?   |
|---------------------|---|
| Yes                 |   |
| DO YOU OWE SALES    | OR PAYROLL TAX TO NYS?  |
| No                  |   |
| IF YES, PLEASE DESC | RIBE  |
| DO YOU OWN OR REM   | NT THE PROPERTY IN WHICH YOU OPERATE YOUR BUSINESS?   |
| Rent                |   |
| WHERE IS YOUR BUS   | INESS LOCATED?  |
| Office              |   |
| HAVE YOU APPLIED,   | AND BEEN APPROVED, FOR ANY OTHER GRANTS OR LOANS RELATED TO COVID-19 RELIEF?  |
| No                  |   |
| REPRESENTATIO       | NS AND WARRANTIES   |
| NUMBER OF FTE JOBS  | S TO BE RETAINED  |
|                     |   |
| GRANT APPLICA       | NTS ONLY  |
| purpose of acquirir | nt, warrant and certify to the YIDA that I shall use the funds received by the YIDA for the ag personal protective equipment or installing fixtures necessary to prevent the spread of novel the period in which the state disaster emergency is in effect. |

## BY SUBMITTING THIS APPLICATION

• I/We authorize the YIDA to obtain any information relating to my/our credit worthiness from any source, including a credit reporting agency, at any time during the loan application process or while any balance is outstanding.

• I hereby represent, warrant, and certify to the YIDA that I shall not receive more than \$10,000 in grants,

collectively, from Industrial Development Agencies during the state disaster emergency.

- I/We hereby certify that the foregoing is true and complete to the best of my/our knowledge and belief.
- I have submitted the required additional documentation below.
- I acknowledge that the YIDA will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.
- I hereby release YIDA and the members, officers, servants, agents and employees thereof and agree that the YIDA shall not be liable for, and I agree to indemnify, defend, pay and hold the YIDA harmless from and against



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# Yonkers IDA Industrial Development Agency

any and all liability arising from or expense incurred by the YIDA concerning the loan application process.

- 1. I certify that all information provided in this application is true and correct to the best of my knowledge. I further understand that any false statements or information provided in this application or directly to representatives of YIDA may result in the denial of this application or forfeiture of any funds awarded to the applicant, which YIDA reserves the right to recoup through legal proceedings and for which the applicant shall be responsible for costs and attorney's fees if judgment is awarded to YIDA.
- I acknowledge that YIDA has the sole and absolute discretion as well as the final decision-making authority with respect the granting or denial of all applications submitted to this program. Such decisions are final and not subject to challenge in any forum.

# Please upload the following documents below

### 2019 BUSINESS TAX RETURNS (OR MOST RECENT YEAR FILED ) UPLOAD HERE FOR EACH

• Caprice-2019-Tax-retrun.pdf

#### 2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)

• 2019-personal-Michele-Weis-tax-return.pdf

## **BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19**

• Caprice-Business-Statement-2019.pdf

#### **INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS**

• Caprice-Travel-Business-Expenses.docx

#### **EIN VERIFICATION LETTER**

• <u>Caprice-travel-w9.pdf</u>

### **COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS**

• Michele-Weis-drivers-license.pdf

Application will be deemed complete ONLY after all documentation has been provided. All approved applications will be posted on our website. You will be provided the opportunity to choose which information is redacted by a YIDA representative before any information is posted.

# **Fiona Rodriguez**

From:

**Sent:** Thursday, July 16, 2020 2:09 PM

To: info@yonkersida

**Subject:** Re grant

Dear Yonkers IDA

Caprice Travel would like to change course And apply for the 25000.00 loan.

This would satisfy our need to pay rent

And other costs to stay in business in future.

Thank you,

Michele Weis

**Caprice Travel** 

Sent from my iPhone