

Date: 2020-07-17 21:12:16

ID Number: 104

Grant/Loan Application

I AM APPLYING FOR	
Grant	
AMOUNT REQUESTED FOR GRANT	
\$10,000.00	
MY BUSINESS IS LOCATED IN A "HIGHLY DIS	TRESSED" AREA:
Yes	
WERE YOU A FINANCIALLY VIABLE ENTITY PI	RIOR TO MARCH 7, 2020?
Yes	
NUMBER OF EMPLOYEES	BUSINESS TYPE
8	Restaurant
HAVE YOU BEEN NEGATIVELY AFFECTED BY	THE COVID-19 STATE DISASTER EMERGENCY?
Yes	
PLEASE DESCRIBE HOW YOU HAVE BEEN NEC	GATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY:
Decreased foot traffic and delivery orders. I	Business down more than 75%
ACQUIRING PERSONAL PROTECTIVE EQUIPMI OF COVID-19 AND WILL REQUIRE SUPPORTING To help support rent and restocking.	O SURVIVE. GRANT PROCEEDS MUST BE USED FOR THE PURPOSE OF ENT OR INSTALLING EQUIPMENT NECESSARY TO PREVENT THE SPREAD IG INVOICES.
ARE THE FUNDS BEING REQUESTED UNDER T	THIS PROGRAM ENOUGH FOR YOUR NEEDS?
No	
Business Information	
BUSINESS NAME	FEDERAL EIN NUMBER
Manor Bagels cafe	
BORROWING ENTITY(IF DIFFERENT FROM BU	SINESS NAME)
Manor Bagels LLC	
BUSINESS ADDRESS	
46 Warburton Avenue YONKERS, New York 10701 United States	
WEBSITE ADDRESS	DATE BUSINESS WAS ESTABLISHED:
Http://www.manorbagels.com	05/10/2013
NUMBER OF YEARS OPERATING IN YONKERS	Accounts from the first of the first time from the first time from the first time from the first time for the first time from



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TYPE OF BUSINESS	
ПС	
DOES THE BUSINESS HAVE ANY JUDGEMENTS OR TAX LIEN	S WITHIN THE PAST 3 YEARS?
No	
IF YES, PLEASE DESCRIBE	
PLEASE DESCRIBE THE BUSINESS YOU CONDUCT IN YONKE	RS
Gourmet fast food and coffee	
PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECENT	PRIOR YEAR REVENUE
TAX FILING)	
	•
HAVE YOU RECEIVED FUNDING FROM THE UNITED STATES PAYCHECK PROTECTION PROGRAM ["PPP"] OR EMERGENC GOVERNMENT PROGRAM SINCE THE BEGINNING OF THE ST	Y INJURY DISASTER LOAN ["EIDL"] OR ANY OTHER
Yes	
IF YES, DESCRIBE THE AMOUNT OF ASSISTANCE YOU HAVE EXPLAIN WHY THOSE FUNDS WERE INSUFFICIENT TO MEET	RECEIVED AND THE DATE IT WAS RECEIVED. PLEASE ALSO CONTINUING OPERATING NEEDS
86000	
LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY S TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LOAN FUNDING, ETC.	EEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONSE IS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT
PLEASE DESCRIBE ANY OTHER SOURCES OF FUNDING AVAI	LABLE TO YOUR BUSINESS:
Applicant Contact Information	
PRIMARY NAME OF CONTACT	
TITLE	PHONE NUMBER
Owner	
EMAIL ADDRESS	
TECHNOLOGICAL STREET, CONTROL OF THE SECOND	

PRINCIPAL/OWNER INFORMATION

PRINCIPAL/OWNER FULL NAME

PERCENTAGE OF BUSINESS OWNED



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Michael Grant	100			
ADDRESS				
CITY	STATE			
HOME PHONE	CELL PHO	CELL PHONE DATE OF BIRTH		
EMAIL	DATE OF			
SSN/EIN	TOTAL HOUSEHOLD INCOME	HOUSEHOLD SIZE		
IS THERE AN ADDITIONAL PRINCIPAL/C	OWNER?			
No				
IF YES, PLEASE LIST	Mikharinana kanamasaksinin makkanka mari Papa kunak naka kanapa kunak mari kanapa kunana kanana kana dabebenin			
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Additional Information				
IS THE PRINCIPAL PLACE OF BUSINESS	WITHIN YONKERS?			
Yes	manufati. Autgraf it Physicia controllers of an apply after according that a fact for the later of the delivery of the affective representation right.			
HAS THE COVID-19 CRISIS RESULTED I	N A DECLINE OF REVENUE FOR	YOUR BUSINESS?		
Yes				
PLEASE DESCRIBE	** ***********************************			
Business down 90% as of March				
IS YOUR PLAN TO REMAIN IN OPERATION SOCIAL DISTANCING IS RELAXED?	ON OR TO RE-OPEN THE BUSINE	SS AFTER ANY MANDATED CLOSURES AND/OR		
Yes	. 10 11			
IS YOUR BUSINESS OPEN NOW?				
Yes				
HAVE YOU FILED THE LAST TWO YEARS	TAX RETURNS FOR YOUR BUS	INESS?		
Yes				
DO YOU OWE SALES OR PAYROLL TAX	TO NYS?			
No .	- Variation of the second state of the second			
IF YES, PLEASE DESCRIBE				
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DO YOU OWN OR RENT THE PROPERTY IN WHICH YOU OPERATE YOUR BUSINESS?	DO '	YOU !	OWN OR	RENT THE	PROPERTY II	WHICH YOU	OPERATE YOUR	RIISINESS?
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Rent

WHERE IS YOUR BUSINESS LOCATED?

Storefront

HAVE YOU APPLIED, AND BEEN APPROVED, FOR ANY OTHER GRANTS OR LOANS RELATED TO COVID-19 RELIEF?

Yes

REPRESENTATIONS AND WARRANTIES

LOAN APPLICANTS ONLY

• I hereby represent, warrant, and certify to the YIDA that I shall employ best efforts to ensure that the number of FTE jobs to be retained during the State disaster emergency will be:

NUMBER OF FTE JOBS TO BE RETAINED

5

• I hereby represent, warrant, and certify to the YIDA that I shall not receive more than \$25,000 in loans collectively from Industrial Development Agencies during the state disaster emergency.

GRANT APPLICANTS ONLY

- I hereby represent, warrant and certify to the YIDA that I shall use the funds received by the YIDA for the purpose of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus during the period in which the state disaster emergency is in effect.
- 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.

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/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 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



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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

• m-grant-2019-taxes.pdf

2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)

• m-grant-2019-taxes1.pdf

BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19

• dec-2019-mgrant-bank-statement.pdf

INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS

• nov-2019-statement-bus.pdf

EIN VERIFICATION LETTER

• ein-and-state-proof.pdf

COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS

• mgrant-passport-card.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.