

Grant/Loan Application	
I AM APPLYING FOR	
Loan	
AMOUNT REQUESTED FOR LOAN	
\$25,000.00	
MY BUSINESS IS LOCATED IN A "HIGHLY DI	STRESSED" AREA:
Yes	
WERE YOU A FINANCIALLY VIABLE ENTITY F	PRIOR TO MARCH 7, 2020?
Yes	
NUMBER OF EMPLOYEES	BUSINESS TYPE
5	Restaurant
HAVE YOU BEEN NEGATIVELY AFFECTED BY	THE COVID-19 STATE DISASTER EMERGENCY?
Yes	
PLEASE DESCRIBE HOW YOU HAVE BEEN NE	EGATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY:
Due to Covid-19 we had to limit store hour	rs, cut back on the employees but all of our overhead cost remained
OF COVID-19 AND WILL REQUIRE SUPPORT	MENT OR INSTALLING EQUIPMENT NECESSARY TO PREVENT THE SPREAD ING INVOICES. better prepare our location for the new standards due to covid.
	THIS PROGRAM ENOUGH FOR YOUR NEEDS?
Yes	
Business Information	
BUSINESS NAME	FEDERAL EIN NUMBER
A. Zaya Ice Cream Corp.	550856823
BORROWING ENTITY(IF DIFFERENT FROM B	USINESS NAME)
CARVEL	
BUSINESS ADDRESS	
1178 Yonkers Avenue Yonkers, New York 10704 United States	
WEBSITE ADDRESS	DATE BUSINESS WAS ESTABLISHED:
None	03/24/2003

NUMBER OF YEARS OPERATING IN YONKERS



16	
TYPE OF BUSINESS	
S Corporation	
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
We own and operate a Carvel Ice Cream store.	·
PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECENT	PRIOR YEAR REVENUE
TAX FILING) 2019	\$373,000.00
HAVE YOU RECEIVED FUNDING FROM THE UNITED STATES S PAYCHECK PROTECTION PROGRAM ["PPP"] OR EMERGENCY 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
\$11,000- we used this amount to pay for 3 months of rent	and the remainder went toward salaries.
LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY S TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LOAN FUNDING, ETC.	SEEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONSE IS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT
\$11k for pay roll, \$10k from Yonkers for PPE, \$1	1
PLEASE DESCRIBE ANY OTHER SOURCES OF FUNDING AVAI	LABLE TO YOUR BUSINESS:
No other sources at this time	
Applicant Contact Information PRIMARY NAME OF CONTACT daniela behpour	
TITLE	PHONE NUMBER
Vice-president	(914) 423-7970
EMAIL ADDRESS	
gilndan22@optonline.net	
PRINCIPAL/OWNER INFORMATION	
PRINCIPAL/OWNER FULL NAME	PERCENTAGE OF BUSINESS OWNED



Date: 2020-09-25 17:53:54 ID Number: 152

Gilbert Behpour	50		
ADDRESS			
811 Rockland Avenue			
СІТҮ	STATE		
mamaroneck	New Yor	New York	
HOME PHONE	CELL PHO	(E	
(914) 423-7970	(914) 22	(914) 227-4711	
EMAIL	DATE OF	DATE OF BIRTH	
gilndan22@optonline.net	11/01/19	68	
SSN/EIN	TOTAL HOUSEHOLD INCOME	HOUSEHOLD SIZE	
126660849	\$70,000.00	4	
IS THERE AN ADDITIONAL PRI	INCIPAL/OWNER?		
		The second	
Yes			
t in a spinistic data a province pressure of the same a transfer to the state of a sec			
IF YES, PLEASE LIST Daniela Behpour			
IF YES, PLEASE LIST Daniela Behpour Additional Information			
IF YES, PLEASE LIST Daniela Behpour Additional Information IS THE PRINCIPAL PLACE OF E Yes		OUR BUSINESS?	
IF YES, PLEASE LIST Daniela Behpour Additional Information IS THE PRINCIPAL PLACE OF E Yes	BUSINESS WITHIN YONKERS?	OUR BUSINESS?	
IF YES, PLEASE LIST Daniela Behpour Additional Information IS THE PRINCIPAL PLACE OF E Yes HAS THE COVID-19 CRISIS RE Yes	BUSINESS WITHIN YONKERS?	OUR BUSINESS?	
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DO YOU OWN OR RENT THE PROPERTY IN WHICH YOU OPERATE YOUR BUSINESS?

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

2

• 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



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

<u>420_19s_FC.pdf</u>

2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)

behp0849_19i_FC.pdf

BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19

ProfitLossCarvel.docx

INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS

<u>Report2019.docx</u>

EIN VERIFICATION LETTER

• EIN-Confirmation-Letter.docx

COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS

• gil-behpour.pdf.docx

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.