



Small Business Recovery Toolkit Request Form

TO BE COMPLETED BY THE APPLICANT: Email form to toolkit@mantecagov.com when completed.

Name of Business: _____

Name of Business Owner(s): _____

Business Address: _____

Contact Person Name and Title: _____

Contact Person E-mail: _____

Contact Person Phone: _____

Business Type (industry- retail, restaurant, etc.): _____

1. Is your business currently allowed to be open according to [Governor's State Guidelines](#)?

Yes: _____ No: _____

2. Is your business designated as essential or a supporting business to essential workers?

Yes: _____ No: _____

3. Do you operate out of a physical commercial storefront within the city limits of Manteca?

Yes: _____ No: _____

4. Do you have an active City of Manteca Business License?

Yes: _____ No: _____ Business License No.: _____

5. Are you applying for a toolkit anticipating your business may be allowed to open soon?

Yes: _____ No: _____

By typing your full name below, you agree and acknowledge that the statements made above are true and correct to the best of your knowledge. You further agree that your application for a toolkit binds you to follow all pandemic reopening guidelines to the best of your ability as [outlined by the State](#) and City of Manteca.

Applicants Full Name: _____

Date: _____