

Taste of Cincinnati "All Winter Long" Grant Application

Most fields must be completed & attachments required to be considered for a grant.

Restaurant

Legal Entity Doing Business As

Contact Name

Mailing Address

City/State/Zip Code

Restaurant Phone

Contact Phone

Contact Email

Type of Establishment:

- Full-Service Restaurant - How would you categorize your food/restaurant _____
- Breakfast/Lunch Service Only - How would you categorize your food/restaurant _____
- Bar Only, No Food Service

Days/Hours of operation

"All Winter Long" Special/Discount Offer

Website (if applicable)

Facebook (if applicable)

Twitter (if applicable)

Tell us why you are interested in applying for this grant

Attachments – W9, logo | [Download a blank W-9 form.](#)

____ I attest to financial need for the grant due to increased expenses or decreased revenues due to COVID-19. I agree to utilize the funds to finance expenses that will increase the ability to safely serve patrons or for operational expense deemed necessary for continuation of operations.

____ Restaurant does not have a financial or ownership connection to any employee of the City of Cincinnati or the Cincinnati USA Regional Chamber.

____ I understand that The Cincinnati USA Regional Chamber may use my name, logo, likeness and story to market the Taste of Cincinnati All Winter Long program, and that not all businesses will be highlighted.

Signature