

Applicant/Business Name:

Business PREP Certification - Please Read and Sign Below

Applicant/Business Address:	
(1) (If a property owner) I certify that the commercial prop been in operation for at least one (1) year.	erty is occupied by a small business that has
(2) I certify that the Applicant listed above does not owe a and is not delinquent in payments owed to resolve judgme	
(3) I understand that the Applicant must comply with all la Department of Small Business Services ("SBS") Business PR "Program"), including City, State and Federal laws, rules, a shall be deemed executed in the City and State of New Yor accordance with the laws of the State of New York and the	REP Risk Assessment and Grant Program (the nd other legal requirements. This certification k and shall be governed and construed in
(4) I certify that the Applicant has not previously received assessment relating to resiliency, from SBS BPREP Grant Pr default on any loan or grant received through an SBS progr	rogram or the RISE: NYC Program, and is not in
(5) I understand that all required licenses and permits related business occupying the commercial property must be currently.	
I am authorized to complete and submit this certification of statements are true and accurate and that the Applicant h Program. I understand that willful or fraudulent submission with this certification may result in the Applicant being ine subject the Applicant or person making the false statemen	as not misrepresented its eligibility for the n of a materially false statement in connection ligible for Program reimbursements and may
By signing below, I understand and agree that I have told t	he truth in this Certification:
Signature of Applicant or Authorized Representative	Title/Position
Print Full Name	Date