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| **APPLICATION FOR FINANCIAL AID UP TO CZK 20 000** the aid to smaller enterprises in relation to the emergency measures | | | | |
| **APPLICANT'S DETAILS** | | | | |
| Name and surname / name of legal entity: |  | | | |
| Address/registered seat: |  | | | |
| Bank account number: |  | | | |
| Identification number (IČO): |  | Tax identification number (DIČ): |  | |
| **BUSINESS DETAILS** | | | | |
| The business activity carried out in the premises |  | | | |
| Address of the business premises |  | | | |
| **CONTACT PERSON:** | | | | |
| Name and surname: |  | | | |
| Email: |  | | | |
| Phone (mobile): |  | | | |
| THE LIST OF COSTS (the rehabilitation of which the financial aid is applied for) | | | | |
| **Cost item\*** | **Description of the cost item related to the business activity** | | | **Amount in CZK** |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| **The total amount in CZK** |  | | | |
| **DECLARATION OF HONOUR** | | | | |
| As the applicant for financial aid for entrepreneurs I hereby declare that:   * by 13. March 2020 I was carrying a business activity in the premises specified in this application form and based on the Resolution of the Government of the Czech Republic no. 211 adopted on 14. March 2020 I have interrupted my business activity in these premises. * the total turnover for the last financial year, individually or as the turnover of property-related entities, did not exceed CZK 6 million. * the costs, the rehabilitation of which is the financial aid applied for, are related to the business activities carried out in the premises specified in this application form. * the costs, the rehabilitation of which is this financial aid applied for, are not claimed in another COVID-19 related aid mechanism (e.g. remission of rent/lease) | | | | |
|  | | | | |
| **SIGNATURE**  **OF THE APPLICANT** | **DATE: ……………………………**  **signature** | | | |

*\*salary of employees, services/utilities advance payments, loan instalments, rent, etc...*

**The application form can be submitted by (chose one option):**   
- data box, (ID: 5zubv7w)  
- electronically signed email sent to the address: [posta@ostrava.cz](mailto:posta@ostrava.cz)  
- printed and signed application form sent to the address: Podatelna, Magistrát města Ostravy, Prokešovo náměstí 1803/8, 729 30 702 00 Ostrava Moravská Ostrava

**Need a help with the application form? Need an explanation?**  
In case of any question contact by email Ms Veronika Laryšova [vlarysova@ostrava.cz](mailto:vlarysova@ostrava.cz).