**Airport Rescue Grants**

**Airport Concession Certification for XYZ Airport**

| **Business Legal Name** | Airport Concessions Inc. |
| --- | --- |
| **DBA or Tradename (if applicable)** | Aunt’s News |
| **Authorized Representative** | Jane Smith |
| **Business Phone** | (444) 555-1234 |
| **Email Address** | jane.smith@airportconcessions.com |
| **Business Qualifies as an Airport Concession Disadvantaged Business Enterprise (ACDBE)** | [ ]  Yes [x]  No |
| **Business Qualifies as a Joint Venture under 49 CFR § 23.3** | [ ]  Yes [x]  No |
| **Paycheck Protection Program (PPP) First Draw Loan Number (if applicable)** |  |
| **Have you applied or do you intend to apply for a PPP Second Draw?** | [ ]  Yes [x]  No |
| **PPP Second Draw SBA Loan Number (if applicable)** |  |
| **Purpose of PPP Second Draw Loan (if applicable)** | [ ]  Payroll Costs [ ]  Covered Supplier Costs[ ]  Utilities [ ]  Covered Property Damage[ ]  Rent/Mortgage Interest [ ]  Covered Property Damage[ ]  Covered Operations Expenditures [ ]  Covered Worker Protection Expenditures[ ]  Other  |

I certify that Airport Concessions Inc. has not received a second draw or assistance for a covered loan under section 7(a)(37) of the Small Business Act (15 U.S.C. 636(a)(37)) that has been applied toward rent or minimum annual guarantee costs.

I also certify that Airport Concessions Inc. will not apply for a covered loan under section 7(a)(37) of the Small Business Act (15 U.S.C. 636(a)(37)) for rent or minimum annual guarantee costs.

Jane Smith 7/1/2021

**Signature of Authorized Representative Date**

Jane Smith Manager

**Print Name Title**