***Re-Start – a Fund to Reconnect Small and Micro Businesses with their Employees and Customers***

**Business Re-Start Application Form Wexford County Council**

Privacy Notice: **Wexford County Council** is seeking the information below from you to process your application. The lawful basis for processing this information is:

1. Section 66(3) of the Local Government Act 2001
2. Article 6(1)(e) of the General Data Protection Regulation

The personal information you provide will be used only for the purposes of submitting and processing your application for Re-Start grant funding. It will be necessary to share a high level description of the names and numbers of businesses applying for the grant, the amounts awarded and Covid impact and numbers employed data to the Department of Business, Enterprise & Innovation for reporting purposes. **Wexford County Council** undertakes to retain the person data you supply for no longer than the duration of the R-Start Grant Scheme plus a further 7 years.

A detailed description of how **Wexford County Council** will address the following data protection issues can be found by accessing the following web page links –

**Wexford County Council’s** Data Protection Policy

Details of how you can exercise your rights as a data subject under GDPR

Contact details for **Wexford County Council’s** Data Protection Officer

**Wexford County Council’s** records retention schedule.

**All questions must be answered, and the declaration must be fully completed and signed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID** | **Your Business** | **Response** | ***Notes*** |
| 1 | Customer Number |  | *See FAQ 11* |
| 2 | Rate Number |  | *See FAQ 12* |
| 3 | Company Trading Name |  |  |
| 4 | Company Registered Name |  |  |
| 5 | Revenue Registration Number |  |  |
| 6 | Address of Business Premises |  |  |
| 7 | Address Line 1 |  |  |
| 8 | Address Line 2 |  |  |
| 9 | Address Line 3 |  |  |
| 10 | Eircode |  |  |
| 11 | Business Category (insert phase 1,2,3,4,5) |  | *See FAQ 13* |
| 12 | Proprietor/Applicant Name |  |  |
| 13 | Position in Company |  |  |
| 14 | Phone Number |  |  |
| 15 | Email Address |  |  |
| 16 | Confirm Email Address |  |  |
| 17 | Bank Account Name |  |  |
| 18 | BIC |  |  |
| 19 | IBAN |  |  |
| 20 | Bank Statement Header (Document Upload) |  | *See FAQ 14* |
| 21 | Tax Clearance Access Number |  | *See FAQ 16* |
|  | **Covid19 Impact** |  |  |
| 22 | Turnover in 2019 | € | *Must be less than €5m – see FAQ 9* |
| 23 | Is there currently any business activity (i.e. fully or partially open or online?) | Yes/No |  |
| 24 | If the answer to Q23 is yes, give short description of business activity |  |  |
| 25 | If your business closed, what date did it close? |  |  |
| 26 | If your business closed, what date will it reopen? |  |  |
| 27 | What is your estimated cash and % turnover loss up to 30th June 2020? | €  % | *Must be 25% loss or more for the period – see FAQ 9* |
| 28 | Is the business a branch of a group of multiple chain stores? | Yes/No | *If yes, not eligible for grant - see FAQ 8* |
|  | **Employment** |  |  |
| 29 | How many employees were in the business at end February 2020 (part-time and full time) | Free text | *Must be between 1 and 50 – see FAQ 9* |
| 30 | How many employees of the business are in receipt of the Temporary Wage Subsidy Scheme (TWSS)? | Free text |  |
| 31 | How many employees are in receipt of the Pandemic Unemployment Payment (PUP)? | Free text |  |

**DECLARATION**

I hereby declare that the business trading as **the trade name outlined in question 3 above** suffered a loss of the amount and percentage of expected turnover to 30th June 2020, **outlined in the response to question 27 above**. I confirm that the business will remain open **OR** will reopen on **the date specified in question 26.**

I declare that I intend to retain those employees currently receiving TWSS.

**SIGNATURE (***see FAQ 15)*

Document upload

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