



Sustain and Serve NJ Participating Restaurant Form

You are receiving this form because you were listed as a potential participating restaurant in [Sustain and Serve NJ](#). Sustain and Serve NJ is a program of the New Jersey Economic Development Authority (NJEDA) that provides funding to organizations to purchase meals from restaurants that have been negatively impacted by the COVID-19 pandemic. This is intended to provide urgently needed revenue to restaurants to offset direct losses due to COVID-19.

If you have received this form from multiple applicants, you must fill out this form for each applicant. Please note that this form is distinct from the [Sustain and Serve NJ Restaurant Interest Form](#)—if you indicated interest through that form, you are still required to fill out this form in order to be a participating Sustain and Serve NJ restaurant.

The restaurant under consideration (you) is:

[RESTAURANT NAME]
[RESTAURANT POINT OF CONTACT]
[RESTAURANT EMAIL]

The applicant that would like to purchase meals from you is:

[APPLICANT ORGANIZATION NAME]
[APPLICANT ORGANIZATION ADDRESS]

If you have any questions, please contact the applicant's representative:

[APPLICANT POINT OF CONTACT]
[APPLICANT EMAIL]
[APPLICANT PHONE NUMBER]

Participating restaurants in Sustain and Serve NJ must adhere to eligibility criteria outlined in the [Notice of Funding Availability](#).

- In addition to this form, Restaurants are responsible for submitting documentation verifying eligibility:
- Valid Business Registration Certificate (BRC) – see [Business Registration Certificate Guide](#) for more information
 - Current and valid certification from a municipal and/or county government, with Satisfactory rating as per New Jersey Retail Food Establishment Rating system (e.g. risk-based assessment report, door placard copy, municipal or county health department report)

By submitting this form, restaurants are authorizing the original applicant to review and approve all materials submitted and for NJEDA to conduct necessary checks with New Jersey Department of Labor, Division of Taxation, Division of Alcoholic Beverage Control and the relevant restaurant inspection entity or entities to verify eligibility for this program.

Please submit this form and all supporting documentation by **January 8, 2021**.

I confirm I have read the above instructions for Sustain and Serve NJ.



Section 1 – Restaurant Information

Please ensure you provide accurate information.

Restaurant Name: _____
The full name of the restaurant's registered legal entity

Doing Business As: _____
Does the restaurant operate under a different name?

Employer Identification Number (EIN) _____
The 9-digit Federal Tax ID number of the restaurant

Website _____

Primary Business Address: _____
Physical location of the restaurant storefront that will be providing meals

Primary Business Address 2: _____
Suite, Apt, Floor

Zip Code: _____

City: _____

State: _____

County: _____

Does your restaurant self-identify as any of the following? (OPTIONAL)

- Small Business
- Minority Owned
- Woman Owned
- Veteran Owned
- Disabled Owned

Was your business in existence and operation prior to February 15, 2020?

- Yes
- No

Section 2 – Authorized Representative

First Name: _____

Last Name: _____

Title: _____



Section 5 –Document Uploads

Business Registration Certificate (BRC)

Please see the [Business Registration Certificate Guide](#) for more information.

Certification from municipal and/or county government inspection of Satisfactory rating as per New Jersey Retail Food Establishment Rating system

Section 6 –Electronic Signature

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

I agree to be bound by electronic signatures.

I authorize the NJEDA to contact the New Jersey Department of Labor, Division of Taxation, Division of Alcoholic Beverage Control, and the restaurant inspection entity(ies) provided in order to verify my restaurant’s eligibility for this program.

I certify that the information provided herein is accurate and truthful to the best of my knowledge.

I am an Authorized Signer for [RESTAURANT NAME], and I accept the above terms and conditions.

Full Name _____

After clicking Submit, you will not be able to update this form. EDA and the applicant that listed you [APPLICANT NAME] will receive the information you provided for review.