



# TASTE OF ST. CROIX INC. COVID-19 GRANT PROGRAM



## APPLICATION

**APPLY TODAY...**

Entry forms can be submitted by email to [atasteofstcroix@yahoo.com](mailto:atasteofstcroix@yahoo.com) or  
**Online registration available at [www.tasteofstcroix.com](http://www.tasteofstcroix.com)!** Questions? Call us at 340-690-2424

**ALL PARTICIPANTS MUST PROVIDE A VALID BUSINESS LICENSE &  
Must be a Restaurant, Caterer, USVI-based Chef that Serves the Public!**

**ESTABLISHMENT & CONTACT INFORMATION** Please print legibly and complete the following information.

**Your Establishment**

Establishment Name (as you would like it to be given to Food Distributor)		<b>CIRCLE ONE (1):</b> QUALITY FOODS STX MERCHANTS' MARKET STX/(STT)	
Establishment Tel.		Establishment Email	
Physical Address			
Mailing Address			
Website Address		Facebook	
Business License #			

**Contact Information**

Contact Name		Title/Position	
Contact Tel.		Contact Email	

**APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ (IF NO WHY? \_\_\_\_\_ )**

**YOU GET: \$100 COUPON (TOTAL)**

**\$150 CREDIT (choose one (1):** *QUALITY FOODS STX* or *MERCHANTS' MARKET STX/ (STT)* –

*First come, first serve or Until Funding runs out!*

**Thank you for APPLYING!**