



### Participating Business Agreement

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

Owner or General Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

#### Conditions for participation:

1. Names, addresses, contact information, and other employment information as outlined for each employee enrolled in the program must be submitted to The Lucas Howard Group via the email you will receive after submitting this form.
2. By signing this form, you agree that 100% of funds dispersed to your business on behalf of your employees will be donated to YOUR ENROLLED EMPLOYEES equally, and no portion shall be used for any other purposed related to operating your business, unless you are enrolling as a sole proprietor. Sole proprietor enrollees may also enroll individual employees. (See Number 4 below)
3. Currently employed and furloughed employees are eligible.
4. Sole proprietors of a small foodservice establishment may individually enroll for this program if the following conditions apply:
  - a. a. Ownership of only one location
  - b. b. No other separately branded foodservice establishments are owned
  - c. c. In this case dispersed funds may be used to support your business operations.

- d. d. The Lucas Howard Group reserves the right to determine eligibility of Sole Proprietors on a case-by-case basis.
- 5. The Lucas Howard Group will maintain the database of enrollees, will keep the individual employee information confidential, and will not share, publish, or otherwise make public any personal information of any enrollees without their written consent. Individual recipients of dispersed funds may disclose participation at their own discretion.

By signing this form, you agree to abide by the conditions stated above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Lucas Howard Group Contact for questions:

Mary Pereira, Executive Assistant

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