



# PARISH OF CADDO COVID KIT APPLICATION FORM

BUSINESS NAME: \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMMISSION DISTRICT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DOES YOUR BUSINESS HAVE A SMALL BUSINESS  
ADMINISTRATION DESIGNATION?                      YES              NO

DOES YOUR BUSINESS PARTICIPATE IN CADDO'S SMALL AND  
EMERGING BUSINESS PROGRAM?                      YES              NO

IF NO TO BOTH, PLEASE ANSWER THE FOLLOWING:

NUMBER OF EMPLOYEES: \_\_\_\_\_

ANNUAL RECEIPTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE EMAIL COMPLETED APPLICATION TO [COVIDKITS@CADDO.ORG](mailto:COVIDKITS@CADDO.ORG)