

# CHINOOK SALMON RELATED BUSINESS LOST INCOME APPLICATION FOR BUSINESSES WITHIN THE KLAMATH RIVER SYSTEM

## California Federal Chinook Salmon Disaster Relief Program

Forms must be postmarked no later than March 31,2008

### Please return this form to:

Pacific States Marine Fisheries Commission - 205 SE Spokane Street, Suite 100 - Portland, OR 97202

### **To qualify for the funds listed below, you must have:**

- ✓ A Business License or federal, state or local government documented approval for doing business in California for the year 2006.
- ✓ Completed W- 9 Form (*enclosed*)
- \* All funds are taxable
- \* All forms when complete, must be mailed to Pacific States Marine Fisheries Commission,  
205 SE Spokane Street, Portland, Oregon 97202

✉ **Declare** the value of your loss by providing the following **documentary and written support** for your claim:

### **Documentary Support:**

As documentary support for your claim, please submit one or more of the following for each of the years 2002-2006 (be sure to keep copies):

- Federal Tax Returns 2002- 2006
- Financial statements that have either been compiled, reviewed or audited by an independent Certified Public Accountant
- Financial statements produced by a professional accounting software program.
- Financial statements prepared by your staff for internal management purposes.
- Other financial documents that directly support your estimated loss.

### **Written Support:**

As written support for your claim of Lost Business Income as related to the California Chinook Salmon Disaster please complete the following:

1. Please describe how the 2006 restricted California Chinook salmon fishing season impacted your operations as compared to your best business year between 2002-2005. What percentage of your business is dedicated exclusively to supporting the California Chinook salmon industry, and how you were adversely impacted?

2. Please identify your direct financial loss for 2006 as compared to the one best year between 2002-2005.

3. Please describe the methodology and assumptions you used to support your estimated loss.

Business Owner(s) Name: \_\_\_\_\_

\_\_\_\_\_

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

Business License/Permit Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

I understand that I/we may be audited and therefore, I/we certify that this application is true and accurate. Tax returns may be required for support of claim.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print full legal name)

**All funds are taxable.**