

**LOAN APPLICATION
WINONA COUNTY
BUSINESS RECOVERY LOAN PROGRAM**

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Phone: _____ Fax: _____

Type of Business: Sole Proprietorship Partnership Corporation

Date Established: _____

Employer's Federal Identification Number: _____

State Identification Number: _____

Name of Owner(s) with 20% of more interest:

<u>Name</u>	<u>% Owned</u>
_____	_____
_____	_____
_____	_____

Professional Services

Name of Bank: _____ Contact: _____

Address: _____ City: _____ State: _____ Phone: _____

Name of Accountant: _____

Address: _____ City: _____ State: _____ Phone: _____

Name of Attorney: _____

Address: _____ City: _____ State: _____ Phone: _____

Name of Insurance: _____

Address: _____ City: _____ State: _____ Phone: _____

Use of Proceeds if Funding is Committed: (Check those that apply)

Replace Damaged Inventory Repair Building Repair/Replace Fixtures

Equipment Clean-up Costs Other: _____

Please describe below the source and use of funds for the entire project including bank, equity, and other financing:

Amount you are requesting: _____

Funding Source	Date	Use	Amount	Terms	Collateral

Have you applied to Small Business Administration (SBA)? Yes No

What is your status of your application? Approved _____ Denied _____ Pending _____

If approved, what is the amount of assistance provided by SBA? \$ _____

How many employees were affected by the disaster? _____

Current number of employees? _____ Full-Time _____ Part-Time

Will the project result in an increase of jobs? Yes No

If yes, approximately how many? _____

Will the project result in retaining jobs? Yes No

If yes, approximately how many? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Business plan, financial statements (previous 3 years and current month), information concerning any litigation or administrative proceeding, judgements or injunctions or involvement in any bankruptcy, statement concerning the source of equity for the project, and how it will be obtained, statement concerning how the project will benefit the community and impact the local tax base. Attach commitment letters, line of credit commitments, etc.

Signature of Applicant

Date

I declare that any statement in this application and in its required attachments, or information provided herein, is true and complete in substance and in fact.

Agreements and Certifications

On behalf of the undersigned individually and for the applicant business:

I authorize my insurance company, bank, financial institution, SBA or other creditors to release to the Winona County EDA or Port Authority of Winona all records and information necessary to process this loan request.

You have my permission to release information with this application to Federal, State, Local or private organizations that provide relief for disaster related purposes. This is to avoid duplication of funds.

I acknowledge that the Winona County EDA or Port Authority of Winona can accept or deny any applications based on available funding.

Applicant's Full Name (Signature)

Date

Applicant's Full Name (Printed)

Applicant's Title

Application Submittal

Return completed form to:

Linda Grover
Winona County EDA
177 Main Street
Winona, MN 55987

or

Lucy McMartin
Port Authority of Winona
PO Box 378
Winona, MN 55987

For more information contact us or visit our website at www.portofwinona.com :

Linda Grover
Winona County EDA
(507) 457-6483

Lucy McMartin
Port Authority of Winona
(507) 457-8250