

**LOAN APPLICATION
PORT AUTHORITY OF WINONA
REVOLVING LOAN FUND 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:

Name

% Owned

Professional Services

Name of Bank: _____ Contact:

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Address: _____ City: _____ State: _____ Phone:

Name of Accountant:

Address: _____ City: _____ State: _____ Phone:

Name of Attorney:

Address: _____ City: _____ State: _____ Phone:

Use of Revolving Loan Fund Proceeds if Funding is Committed: (Circle those that apply)

Acquire Land Acquire Building Improve/Renovate Building

Purchase Equipment/Machinery Inventory Working Capital

Other:

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

Amount you are requesting from RLF:

<u>Funding Source</u>	<u>Use</u>	<u>Amount</u>	<u>Terms</u>	<u>Collateral</u>
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Current number of employees? _____ Full-Time _____ Part-Time

Will the project result in an increase of 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.