

EMERGENCY LOAN FUND APPLICATION INSTRUCTIONS



Completed forms emailed to Portloan@ci.winona.mn.us
or fax to (507) 457-8212
Questions please call (507)457-8250

- Step 1: Complete the Application and Data Privacy Acknowledgement forms below.
- Step 2: Submit 2019 Balance Sheet and Profit and Loss Statement
- Step 3: Submit your most recent business tax return. Please submit all pages of your tax return.
- Step 4: Complete and submit a W-9 form. Here is a link to a fillable W-9 form - <https://www.irs.gov/pub/irs-pdf/fw9.pdf> or there is a link on the Port Authority homepage.
- Step 5: Submit the credit score document of all business owners listed on the application below.

Please submit all required documents by email to Portloan@ci.winona.mn.us or fax to (507) 457-8212

Please do not submit photographs of the required documents.

Upon receiving your completed Application, Data Privacy Acknowledgement and required documents, staff will complete a review of your application and contact you.

EMERGENCY LOAN FUND APPLICATION
2020 – COVID 19



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Name of Business: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Contact Person: _____ **Phone:** _____

E-mail: _____

Type of Business: ___ Sole Proprietorship ___ Partnership ___ Corporation

Date Established: _____

Employer's Federal Identification Number: _____

State Identification Number: _____

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

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

Persons with an interest of 20% or more will be asked to provide a personal guarantee.

Professional Services:

Name of Bank: _____

Contact: _____

Address: _____ **City:** _____ **State:** _____

Phone: _____

Loan Request

Tier 1 Loan

What is the amount of your loan request: _____
(No more than \$6,000)

Tier 2 Loan

What is the amount of your loan request: _____
(\$6,001 to \$20,000)

Please briefly describe how the COVID19 outbreak has impacted your business (or attach):

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

Please Attach:

- **A copy of your 2019 Balance Sheet and Profit and Loss Statement**

And

- **A copy of your most recent business tax returns**

Signature of Applicant

Date

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.

Data Privacy Acknowledgement

Tennessee Warning Notice: per MN Statutes 13.04, Subd. 2, this date is being requested from you to determine if you are eligible for assistance from the Port Authority of Winona. You are not required to provide the requested information, but failure to do so may result in the Port's inability to determine your eligibility for assistance. The date you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

Data Privacy Notice: per MN Statutes 13.591, Subd. 1, certain data provide in this Application is private or non-public date; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans, income and expense projections, balance sheets, customer lists, income tax returns and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3. Certain data provide in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs.

Business Certification: I hereby certify that the Port Authority Emergency Loan Fund is necessary for me to continue my business operation during this pandemic. I certify that if my business is approved for other federal, state or regional Covid-19 Emergency funding that I will report that funding to the Port Authority and the receipt of such funding may or may not cause the acceleration of payback of the Port Authority funds.

I have read the above statement and I agree to supply the information requested by the Port Authority of Winona with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Signature of Applicant

Date

Signature of Applicant

Date