

Loan Application

Check one below:
Entrepreneurs' Loan Guarantee Program
Microenterprise Loan Program
Revolving Loan Fund

INFORMA	ATION ON APPLICANT
	Contact/Title:
Legal business name, if different from Applica	nt:
Business street address and mailing address, if	f different:
Business Phone No	Email of Contact:
Federal Tax ID No	
Organized as: OCorporation Subchapt	er S Climited Liability Company
○ Limited Liability Partnership	Other
Type of Business:	
Date Business Established:	
If existing business, date Applicant acquired th	ne business:
Business Bank:	Account No
No. of Full-Time Employees:	No. of Part-Time Employees:
INFORMATI	ON ABOUT ALL OWNERS

Name, Address and	% of	Officer Title in	% of Time	Social Security No.	Date of
Daytime Phone No.	Ownership	the Business	Devoted to		Birth
			Business		

The fact that you have an arrest or conviction record will not necessarily disqualify you, but an inaccurate answer will probably cause your application to be turned down. If you answer "yes" to any of the following, furnish details in a separate exhibit. Include dates, location, fines, sentences, etc., whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, names under which charged and any other pertinent information.

				Yes	No
Are you presently under indi probation will expire.	or				
Have you ever been charged vehicle violation? Include off arrests and charges must be					
Have you ever been convicte	d, placed on pretrial diversion or eld pending probation, for any cr	placed on any form of pro			
Are you past due on child su total amount of arrears.	pport payments? If yes, give the	number of payments past o	due and		
	PROJECT SUI	MMARY			
Dravida information on house	our project will benefit the commu	nity and impact the legal tay h			
	EDC Loan Fund	Bank	0	ther	
Proposed Loan Amount	\$	\$	\$		
Loan term (years)					
Loan interest rate					
Annual debt service					
Type of collateral					
Security position					
Type of guarantee					

Project Financing Summary/Source and Use of Funds						
Purpose for which funds are to be used	EDC Loan	Owner Equity	Other	Total Across Rows		
Property acquisition	\$	\$	\$	\$		
Site improvement	\$	\$	\$	\$		
Building renovation	\$	\$	\$	\$		
New construction	\$	\$	\$	\$		
Machinery and equipment	\$	\$	\$	\$		
Working capital	\$	\$	\$	\$		
Inventory	\$	\$	\$	\$		
Other	\$	\$	\$	\$		
Other	\$	\$	\$	\$		
TOTAL	\$	\$	\$	\$		

Current and Projected Employment						
Type of Employment	Existing Jobs			Employmer	nt Projections	
			First	Year	Secon	d Year
Professional/Managerial/Technical	FT	PT	FT	PT	FT	PT
Skilled	FT	PT	FT	PT	FT	PT
Unskilled/Semi-Skilled	FT	PT	FT	PT	FT	PT
TOTALS	FT	PT	FT	PT	FT	PT

Information on Collateral Securing Loan					
	Land and Building	Machinery and Equipment Furniture and Fixtures	Inventory and Accounts Receivable	Other	Total
Estimated Value					
Prior Liens					
Difference					

	Existing Business Financing Obligations as of the date of this Application						
		(attach s	chedule if mo	re space is ne	eded)		
Name of Creditor	Original Amount and Date	Present Balance	Maturity Date	Interest Rate	Monthly Payment	Payment Status	Security

I declare that the information provided in this application and on the accompanying exhibits are true and complete to the best of my knowledge. The Kandiyohi County and City of Willmar Economic Development Commission (EDC) has the right to verify any information contained in this application, including credit reports on the individuals and the business, and may contact any individuals and institutions involved with the proposed project. The lenders named herein have the right to share information with the EDC, its Finance Committee and boards as is necessary to approve the application for its loan funds.

Signature/Title of Applicant:	Date:
Signature/Title of Applicant:	Date:

In addition to this Application, other documents required to close a loan:

- 1. Proof of loan approval by another financial entity, if any.
- 2. Corporate resolution for authority to sign loan documents
- 3. Proof of key person insurance with EDC named as loss payee
- 4. Proof of collateral insurance with EDC named as loss payee
- 5. Loan origination fee of 1% of the loan or the loan guarantee plus all costs associated with the loan
- 6. Voided check for the account from which loan payments will be made

Submit completed application to: Kandiyohi County and City of Willmar EDC 222 20th Street SE, P.O. Box 1783, Willmar, MN 56201

For questions, call 320-235-7370 or toll free 866-665-4556 or email edc@kandiyohi.com