

CITY OF SILVER BAY

STOREFRONT RENOVATION LOAN PROGRAM

PRE-APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNERSHIP YEARS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_ STATE ID #: \_\_\_\_\_

SOCIAL SECURITY # (If business is a Sole Proprietorship): \_\_\_\_\_

***On an attached sheet, briefly describe your business, your proposed project for which you are seeking funding assistance, and a timeframe for renovation and completion.***

TOTAL ESTIMATED PROJECT COSTS: \$ \_\_\_\_\_

AMOUNT OF LOAN BEING REQUESTED: \$ \_\_\_\_\_

OTHER SOURCES OF FUNDING: \$ \_\_\_\_\_

RESULTS OF REQUESTED STOREFRONT RENOVATION LOAN PROGRAM

EXISTING JOBS \_\_\_\_\_

JOBS CREATED \_\_\_\_\_

JOBS TO BE RETAINED \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

FOR OFFICE USE ONLY:

DATE APPLICATION IS RECEIVED: \_\_\_\_\_

DATE APPLICATION WAS FORWARDED TO FULL APPLICATION: \_\_\_\_\_