

CITY OF SILVER BAY

COMMUNITY BUSINESS 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 COMMUNITY BUSINESS 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: _____