



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

APPLICATION FOR BUSINESS ASSISTANCE FINANCING

Name of Applicant _____ Date _____

Address _____

Contact Person _____ Phone _____

Description of Business _____

Legal Counsel _____

Address _____ Phone _____

REQUESTED INFORMATION

- | | | |
|---|-----|----|
| 1. Have you ever filed for bankruptcy? | Yes | No |
| 2. Have you ever defaulted on any loan commitment? | Yes | No |
| 3. Have you applied for conventional financing for the project? | Yes | No |
| 4. Contact information of financial references: | | |
| a. | | |
| b. | | |
| c. | | |
| 5. Have you received business assistance financing before? | Yes | No |
| If yes, what, where, and when? _____ | | |

PROJECT INFORMATION

1. Describe Business Subsidy being requested _____
2. Describe the need for the requested subsidy _____
3. Present owner of site _____
4. Number of permanent jobs to be created as a result of project _____
5. Approximate current sales (\$) _____ Estimated future sales with project (\$) _____
6. Market value of project following completion _____

The City of Freeport is an Equal Opportunity Provider

7. Anticipated start date_____Completion date_____

FINANCIAL INFORMATION

- 1. Estimated project related costs: (\$)
 - a. Land acquisition_____
 - b. Site development_____
 - c. Building cost _____
 - d. Equipment_____
 - e. Architectural/engineering fee_____
 - f. Legal fees_____
 - g. Off-site development costs_____
- Total_____

- 2. Source(s) of financing:
 - a.
 - b.
 - c.

PLEASE INCLUDE:

- 1. Preliminary financial commitment from bank.
- 2. Plans and drawing of project.
- 3. Background material of company.
- 4. Pro Forma analysis.
- 5. Financial statements.
- 6. Statement of property ownership or control.
- 7. Payment of application fee