



## 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](http://www.freeportmn.org)

### PREAPPLICATION FOR BUSINESS ASSISTANCE FINANCING

Legal name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

#### REQUESTED INFORMATION

Addendum shall be attached hereto addressing in detail the following:

1. A map showing the exact boundaries of proposed project.
2. Give a general description of the project including size and location of building(s); business type or use; traffic information including parking, projected vehicle counts and traffic flow; timing of the project; estimated market value following completion.
3. The existing comprehensive land use designation and zoning of the property. Include a statement as to how the proposed development will conform to the land use designation and how the property shall be zoned or petitioned to be rezoned.
4. A statement identifying how the business assistance will be used and why it is necessary to undertake the project.
5. A statement identifying the public benefits of the proposal including estimated increase in property valuation, new jobs to be created, hourly wages and other community assets.
6. A written description of the developer's business, principals, history and past projects.

I understand that the application fee will be used for City staff and consultant costs and may be partially refundable if the request for assistance is withdrawn. Refunds will be made at the discretion of the City Council and be based on the costs incurred by prior to the withdrawal of the request for assistance. If the initial application fee is insufficient, I will be responsible for additional deposits.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_