

CITY OF THIEF RIVER FALLS EMERGENCY MICRO-LOAN PROGRAM APPLICATION

APPLICATION # _____

DATE: _____

Name of Firm or Business: _____

Name of Person Applying: _____

Address: _____

Telephone Number: (Work) _____ (Home) _____

Key Management Personnel/Owners Name/Title: _____

Name/Title: _____

Type of Organization: (mark one)

_____ Sole Proprietorship _____ LLC Social Security Number: _____

_____ Partnership _____ Corporation Federal ID Number: _____

_____ Other (list) _____

Business Description _____

Month/Year operations began: _____

Loan amount requested (up to \$10,000) _____

Briefly explain how the business was impacted. Include details such as amount of time closed, staffing issues etc...:

Briefly describe plan for business to resume full operations:

Owner Signature _____ Date _____