



**DOUGLAS COUNTY REVOLVING LOAN FUND
EMERGENCY LINE OF CREDIT
APPLICATION**

BUSINESS INFORMATION

Business Legal Name: _____
Trade Name: _____
EIN/SSN: _____
Organization Type: _____

Primary Business Address (Cannot be P.O. Box):

City: _____
State: _____
County: _____
Zip Code: _____
Business Phone: _____
Alternative Business Phone: _____
Business Fax: _____
Business Email: _____
Date Business Established: _____
Detailed Business Activity: _____
Number of Employees (As of January 31, 2020): _____

Is Applicant a Non-Profit Organization? Yes No

Is the Applicant a Franchise? Yes No

Is the Applicant a current Douglas County Revolving Loan Fund borrower in good standing? Yes No

Is Applicant a member of the Development Association? Yes No

LOAN

Amount Requested: \$ _____
Line of Credit Limit \$10,000.00. 3% Interest, 90 days no payments, Loan term 12 months - renewable Personal guarantee will be required of owners with 20% or more ownership. One-year Business tax return (most current), one-year personal tax return (most current) required. Applicant must join The Development Association (Development Association membership fee temporarily reduced to \$50.00)

Use of Funds: _____

Business Owners Information (20% or More Ownership) *Attach additional pages and/or documentation as necessary.*

Individual Owner/Agent(s)/Guarantors(s)

Owner/Agent/Guarantor _____
First Name: _____
Last Name: _____
Mobile Phone: _____
Title/Office: _____
Ownership Percent: _____
Email: _____
SSN: _____
Birth Date: (mm/dd/yyyy) _____ / _____ / _____
Place of Birth: _____
U.S. Citizen: Yes No
Residential Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Applicant Signature: _____

Date: _____

RELEASE OF INFORMATION AND CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby give permission to Douglas County Revolving Loan Fund (DCRLF) to research the company's history, make credit checks, contact the company's financial institution, and perform other related activities necessary for reasonable evaluation of this proposal. I understand that all information submitted to the County relating to this application is subject to the Open Records Law and that confidentiality cannot be guaranteed. I hereby certify that all representations, warranties or statements made or furnished the County in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Illinois law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring economic development assistance from a state agency or political subdivision.

SIGNATURE OF COMPANY OFFICER: _____

DATE: _____

NOTE: The DCRLF will not provide assistance in situations where it is determined that any representation, warranty or statement made in connection with this application is incorrect, false, misleading, or erroneous in any material respect. If assistance has already been provided by the County prior to discovery of the incorrect, false, or misleading representation, the County may initiate legal action to recover County funds.

DATERECEIVED: _____ BY: _____
(initi)

Please download this application to submit. Email a scanned copy to info@wegrowbiz.org or Mail to: The Development Association Attention: Jim Caesar - 205 Belknap Street - Superior, WI 54880

FOR ADMINISTRATIVE USE ONLY:

PARTICIPATING BANK: _____

BANK REPRESENTATIVE: _____

DATE OF CDC REVIEW: _____

SUBMITTALS COMPLETE: YES NO (please list missing documents)

DOCUMENTS TO BE SUBMITTED: _____

_____ BY: _____
(date)

DATE OF FINAL REVIEW: _____

CDC SCORE: _____

APPROVED: YES NO

CDC SIGNATURE _____

DATE: _____