

COVID-19 Business Assistance Loan Program Application

Applicant Information

DBA - Legal Name of the Business: _____

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Length of Time in Business	Years Months	Fed Tax Id#	MN State License
Mailing Address		City	Zip
Location Address		City	Zip
Business Phone	()	Business Fax	()
E-Mail Address		Web Address	
Contact Name		Title	
Amount of Funding Requested	\$ _____	The number of your employees who have been impacted by the Governor's Executive Orders?	
How has the Governor's Executive Orders financially affected your business?			
For what purpose will these funds be used?			

Principal #1

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

Principal #2

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

Primary Lender

Name	Phone	Ref#
Address	Fax	
Contact	Title	

Eligible Applicants

- All eligible business categories must be referenced in Governor Walz's Executive Orders ([EO 20-04](#) and [EO 20-08](#)).
- All eligible applicants must have a physical, commercial location, whether owned or leased, that is located in Mille Lacs County.
- All eligible applicants must be registered with the Minnesota Secretary of State and have been in business since December 1, 2019.
- All eligible applicants must be current with Mille Lacs County property taxes.

Application Requirements

- The "COVID-19 Business Assistance Loan" application must be completed in its entirety by the applicant and submitted to the City Clerk's Office located at 285 2nd Ave S., P.O. Box 427, Isle MN 56342; or submitted electronically to jamie@cityofisle.com in order to be considered.
- Applications will be considered and acted on by the Business Development/EDA Committee with final approval by council vote.
- The most recent federal tax return filed by the business.
- Income statements and balance sheets for the past year or current within 90 days, if the business has been in business less than one year.

LOAN PROGRAM POLICY AUTHORIZATION FOR RELEASE OF INFORMATION

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. The Mille Lacs County and City of Isle Economic Development Association (EDA) has the right to verify any information contained in this application, including credit reports on the individuals and the business, and may contact any individuals and institutions involved with the proposed project. The lenders named herein have the right to share information with the EDA, its Finance Committee and boards as is necessary to approve the application for its loan funds.

Signature/Title of Applicant: _____ Date: _____

Signature/Title of Applicant: _____ Date: _____

Applicants are encouraged to review the [Governor's Executive Orders 20-04 and 20-08](#) for further definition and clarification of businesses that are or are not eligible for this COVID-19 Business Assistance Loan. The EDA retains final authority to determine if a business is eligible or not, and whether to approve a loan or not.

For questions, call 320-676-3641 or email jamie@cityofisle.com