



The Development Association Business Assistance Loan

ELIGIBILITY VERIFICATION

1. Are you a member of the Development Association? Yes No
2. Applicant is a business with not more than 500 employees? Yes No
3. Applicant is an individual who operates under sole proprietorship, with or without employees, or is an independent contractor? Yes No
4. Applicant is a private non-profit organization that is a non-government agency or entity? Yes No
5. Applicant is not engaged in any illegal activity (as defined by Federal guidelines)?
Yes No
6. Applicant is not in default of any State or Federal tax obligation or Financial Institution loan, prior to January 1, 2020? Yes No
7. No principle of the Applicant with 50 % or greater ownership interest is more than 60 days delinquent on child support obligations? Yes No
8. Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature? Yes No
9. Applicant does not derive more than one-third of gross revenue from legal gambling activities. Yes No

205 Belknap Street • Superior, WI • 54880 • 715-392-4749

www.wegrowbiz.org

LOAN

Amount Requested: _____

Loan Limit \$5000.00. Zero Interest, 6 months no payments, Loan term 36 months. Personal guarantee will be required.

Use of Funds:

BUSINESS INFORMATION

1. Business Legal Name: _____
2. Trade Name: _____
3. EIN/SSN: _____
4. Organization Type: _____
5. Is Applicant a Non-Profit Organization? Yes No
6. Is the Applicant a Franchise? Yes No
7. Gross Revenues for the Twelve (12) Months prior to January 31, 2020:

8. Cost of Goods Sold for the Twelve (12) Months prior to January 31, 2020:

9. Rental Properties (Residential and Commercial) Only - Lost Rents due:

10. Non-Profit Cost of Operation for the Twelve (12) Months prior to January 31, 2020: _____
11. Combined Annual Operating Expenses for the Twelve (12) Months prior to January 31, 2020: _____
12. Compensation from Other Sources Received or Expected as a result of the Disaster: _____

BUSINESS INFORMATION (continued)

13. Provide Brief description of Other Compensation Sources:

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

15. City: _____

16. State: _____

17. County: _____

18. Zip Code: _____

19. Business Phone: _____

20. Alternative Business Phone: _____

21. Business Fax: _____

22. Business Email: _____

23. Date Business Established: _____

24. Detailed Business Activity: _____

25. Number of Employees (As of January 31, 2020): _____

Business Owners Information (20% or More Ownership)

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

1. Owner/Agent: _____
2. First Name: _____
3. Last Name: _____
4. Mobile Phone: _____
5. Title/Office: _____
6. Ownership Percent: _____
7. Email: _____
8. SSN: _____
9. Birth Date: (mm/dd/yyyy) _____
10. Place of Birth: _____
11. U.S. Citizen: _____
12. Residential Street Address: _____
13. City: _____ State: _____ Zip Code: _____
14. Applicant Signature: _____
15. Date: _____

(For office use only)

Executive Director Approval: _____ Date _____

Executive Committee Approval: _____ Date _____

Closing Date: _____

205 Belknap Street • Superior, WI • 54880 • 715-392-4749

www.wegrowbiz.org