City of Maple Plain
5050 Independence St
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

BUSINESS ASSISTANCE PROGRAM APPLICATION

COMPANY INFORMATION

Borrower's Name	**Authorized Signature**		**Email Address**	
Company Name	Date Established	SIC Code	Website URL	
Street Address	City		State	Zip
Type of Business	Type of Entity ☐ Proprietorship ☐ Partnership ☐ C Corporation ☐ S Corporation ☐ LLC			

COMPANY OWNERSHIP

Owner Name	**Title**	**Ownership**
		%
		%
		%

REFERENCES

Bank Name	Account Officer	Phone
Accountant	Firm Name	Phone

PROJECT INFORMATION

Anticipated Project Start Date:	Anticipated Completion Date:
Current Employees: FTE: ____ PTE: _____	Retain Employees? ☐ Yes ☐ No How Many Retained? _____ New Employees? FTE: _____ PTE: _____ Wage Scale for new FTE: _____ For new PTE: _____

Describe proposed project and the types of positions added or retained:

USE OF FUNDS		SOURCE OF FUNDS	
Acquisition (Land/Building)	$	Equity Investment (Required)	$
Building (Construction/Renovation)	$	Bank Loan	$
Machinery & Equipment	$	Maple Plain	$
Infrastructure	$	Other:	$
Soft Costs (Fees, Miscellaneous)	$	Other:	$
TOAL PROJECT COSTS	**$**	**TOTAL PROJECT SOURCES**	**$**

ADDITIONAL DOCUMENTATION AND CHECKLIST

Applicants are required to provide the following documentation.
Any private financial information will be kept confidential.

☐ Articles of Organization and Operating Agreement (if applicable)

☐ Partnership Agreement (if applicable)

☐ Copy of Sworn Construction Statement including construction bids and/or equipment list

☐ Commitment letters and loan documentation from other sources of financing, stating terms and conditions of their participation.

☐ Personal and Corporate Guarantees

SIGNATURES

The undersigned certifies that all information provided in this application is true and correct to the best of the undersigned's knowledge. The undersigned authorizes the City of Maple Plain to verify financial and other information as needed and agrees to provide any additional information as may be requested by the City after filing this application.

Applicant Name _____ Date_____

By_____

Its_____

REMITTANCE

Submit completed application, in person, to the City of Maple Plain, 5050 Independence Street, Maple Plain, MN 55359 or via mail at P.O. Box 97, Maple Plain, MN 55359.