

**REVOLVING LOAN FUND PRE-APPLICATION**  
**City of Kasson**  
**Economic Development Authority**

In accordance with Revolving Loan Fund Guidelines and Policies section RLF-IV. A., the following form must be submitted for review by the EDA Loan Review Committee.

**1. General information:**

Contact Person: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Business Form: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
State of Incorporation or Organization: \_\_\_\_\_  
Years in Operation: \_\_\_\_\_ Years in Operation in Kasson: \_\_\_\_\_

**2. Brief description of the business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Description of proposed project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Statement of necessity for the use of RLF assistance for the project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Project completion schedule:**

Estimated project start date: \_\_\_\_\_ Estimated project completion date: \_\_\_\_\_

If the project is not expected to be completed within one year, what percentage of the project is estimated to be completed within one year of loan approval? \_\_\_\_\_%

**6. Proposed Project Site**

Address: \_\_\_\_\_  
 Applicant:  Owns  Rents the business property  
 Owners name: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_  
 Terms of Lease: \_\_\_\_\_ (Attach copy of lease)

**7. Estimated Costs, Sources, and Use of Funds**

		SOURCE OF FUNDS				
		RLF	Bank	Equity	Other	TOTAL
<b>USE OF FUNDS</b>	Land Acquisition	\$	\$	\$	\$	\$
	Building Acquisition	\$	\$	\$	\$	\$
	New Construction	\$	\$	\$	\$	\$
	Building Renovation	\$	\$	\$	\$	\$
	Site Improvements	\$	\$	\$	\$	\$
	Machinery/Equipment	\$	\$	\$	\$	\$
	Working Capital/Inventory	\$	\$	\$	\$	\$
	Other:	\$	\$	\$	\$	\$
	Other:	\$	\$	\$	\$	\$
<b>TOTAL</b>		\$	\$	\$	\$	\$

**8. Current and Projected Employment**

Type of Employment	Wage Rate	Employment Projections					
		Existing Jobs		First Year		Second Year	
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Professional/Management	\$						
Skilled/Technical	\$						
Semi-Skilled/Unskilled	\$						
<b>TOTAL</b>							

**9. Signature**

I declare that any statement or information provided herein is true and complete in substance and in fact. Also, I authorize this information to be released to the appropriate agencies that may be able to assist in this request.

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_