

**SMALL BUSINESS EMERGENCY LOAN PROGRAM
APPLICATION**

Program Information: All loans made are for the purpose of working capital and intended to replace cash flow used for operating costs that existed at the time of the peacetime emergency declaration made through Executive Order 20-01. Such costs may include payroll, lease or mortgage payments, inventory, and other working capital expenditures. All loans bear 0% interest. Loans may not be used to refinance any debt existing at the time of the peacetime emergency declaration. Loan will be immediately repayable upon receipt of other financing made for a similar purpose. This program is subject to peacetime emergency Executive Order 20-15.

Eligibility Notes: All applicants must be businesses in operation for at least one year prior to March 23, 2020. Applicants must demonstrate to the lender that they were directly and adversely affected by the COVID-19 peacetime emergency Executive Orders 20-04 and 20-08. Applicants must have claimed all applicable private insurance and utilized all other sources of applicable assistance available from other private and public sources.

Please complete the following information:

Lender Information

Nonprofit Lender: _____ DEED Direct Loan

Applicant Information

Business Legal Name: _____

Business Operating Name (if different): _____

Business Contact Name / Title: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Mailing Address (if different): _____

Business Ownership – Provide name and ownership percentage of each owner who holds at least 20% ownership:

LEGAL NAME	OWNERSHIP %

Legal Structure: Limited Liability Entity Corporation Partnership
 Sole Proprietorship

Business Description (include product/industry): _____

Month/Year Operations Began: _____

Loan Details

Amount Requested (\$2,500-\$35,000): _____

COVID-19 Impact

Briefly explain how the business was impacted by Executive Orders [20-04](#) and [20-08](#). Include details such as any period the business was closed, staffing issues resulting from health or child care concerns, etc.:

Employment (please include all W-2 employees):

On March 1, 2020:

Part-time employees _____ # Full-time employees _____

Current:

Part-time employees _____ # Full-time employees _____

Estimated revenue lost due to disaster: _____

Dates of revenue loss: _____

Insurance claims finalized: Yes No No Applicable Insurance

Required Financial Information

Financial information about the business and owners will be required prior to approval. Lender will contact applicant with specific requirements.

BUSINESS CERTIFICATION

DATA PRIVACY ACKNOWLEDGMENT:

Tennessee Warning Notice: per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for assistance from the Minnesota Department of Employment and Economic Development. You are not required to provide the requested information, but failure to do so may result in the department's inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this Application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs.

BUSINESS CERTIFICATION:

Financial Assistance Certification: I hereby certify that the Small Business Emergency Loan is necessary to due to direct and adverse effects related to Executive Orders 20-04 and 20-08. Loans may be made directly through the Minnesota Department of Employment and Economic Development or through a certified nonprofit lending partner.

I have read the above statements and I agree to supply the information requested to the Minnesota Department of Employment and Economic Development, Office of Business Finance with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name/Title of Authorized Business Representative

Date: _____

Signature of Authorized Business Representative