

CITY OF WAHPETON  
**REVOLVING LOAN FUND PROGRAM**  
**APPLICATION FOR DOWNTOWN REVITALIZATION LOAN**

*The purpose of this program is to revitalize and sustain main street businesses and buildings in the city.*

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**SECTION I: APPLICANT INFORMATION**

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NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY OR TAX ID #: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ DESCRIBE TYPE OF BUSINESS [PRODUCT OR SERVICE]:

\_\_\_\_\_

IF BUILDING IS VACANT, NUMBER OF YEARS ON THE MARKET: \_\_\_\_\_ DESCRIBE THE CURRENT  
CONDITION OF THE BUILDING: \_\_\_\_\_

\_\_\_\_\_

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**SECTION II: CRITERIA FOR QUALIFYING**

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I. APPLICANT MUST BE A BUSINESS/BULIDING OWNER IN THE CITY OF WAHPETON AND A TAXPAYER  
IN GOOD STANDING

**CORPORATION.** Corporations shall provide the following:

STATE WHERE INCORPORATED: \_\_\_\_\_

CORPORATE RESOLUTION.

OFFICERS:

PRESIDENT: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

REQUIRED PERSONAL GUARANTEES. LIST OFFICERS AND/OR PRINCIPAL  
STOCKHOLDERS PROVIDING PERSONAL GUARANTEES: \_\_\_\_\_

\_\_\_\_\_

**PARTNERSHIP.** Please provide the following:

PARTNERSHIP RESOLUTION

PARTNERSHIP AGREEMENT

REQUIRED PERSONAL GUARANTEES: LIST PARTNERS WHO WILL SIGN NOTE AND  
PROVIDE PERSONAL GUARANTEES: \_\_\_\_\_

\_\_\_\_\_

**PROPRIETORSHIP.** Sole proprietorship must provide one of the following:

PERSONAL FINANCIAL STATEMENT, OR

ANNUAL FINANCIAL STATEMENT ON THE BUSINESS

II. IF APPLICABLE, CURRENT NUMBER OF EMPLOYEES \_\_\_\_\_ FT \_\_\_\_\_ PT

III. NO. OF JOBS CREATED FROM LOAN \_\_\_\_\_ FT \_\_\_\_\_ PT OR

IV. NO. OF JOBS RETAINED FROM LOAN \_\_\_\_\_ FT \_\_\_\_\_ PT.







