



City of Janesville, MN

101 N. Mott Street • P.O. Box O • Janesville, MN 56048
 Phone: (507) 234-5110 • Fax: (507) 234-5236 • www.janesvillemn.gov

Fee: \$150.00

REVOLVING LOAN FUND (RLF) APPLICATION

No. _____

APPLICANT	Name: _____		Phone: _____		
	Address: _____		Cell: _____		
	E-mail: _____		Fax: _____		
BUSINESS	Name: _____		Phone: _____		
	Address: _____		Cell: _____		
	E-mail: _____		FEIN: _____		
Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____					
List all persons (current or anticipated) holding 25% or more ownership interest					
	Name: _____	Ownership % _____	Position: _____		
	Name: _____	Ownership % _____	Position: _____		
REQUEST	Funds are requested in the amount of \$ _____				
Funds are requested to _____					
SOURCE & USE	RLF	BANK	OTHER	EQUITY	TOTAL
Acquire Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building Renovation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
New Construction	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Machinery & Equipment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Workforce Development	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
JOB CREATION	FULL TIME	AVG. WAGE	PART TIME	AVG. WAGE	
Existing Employees:					
Jobs Created:					
Jobs Retained:					
<p><i>I certify that all statements made in this application are an accurate representation of my financial condition on this date and are made for the purpose of obtaining the funding indicated. Verification and re-verification of any information contained in this application may be made at any time by the City of Janesville, its agents, successors and assigns, either directly or through a credit reporting agency or another source named in this application at any time while checking the credit worthiness of this authorized signer. The City of Janesville has the continuing right amend and or supplement the information provided in this application if any of the material facts should change prior to advancement of funds.</i></p>					
APPLICANT SIGNATURE: _____			DATE: _____		
Payment Date: _____		Receipt: _____		Collected by: _____	