



## MICRO-LOAN PROGRAM

Pursuant to the Kewanee Micro-Loan Program guidelines, existing businesses located within the City of Kewanee, with a proper business license (if applicable), insurance and required permits per local, state and federal requirements, or corporations in good standing looking to remain, locate, or relocate in Kewanee can apply for this program. If an applicant is a new start-up business and does not have proper license or insurance, then these items can be made a condition of approval. The business can be a tenant leasing space or an owner of property where the business is located. The existing business must create or retain three (3) or more permanent full time equivalent (FTE) jobs.

Individuals seeking funding through this program are required by the municipality to complete this application allowing the municipality to adequately determine the owner's eligibility for assistance from the Micro-Loan program.

**Instructions: Complete each section and return via U. S. Mail or in person to: City of Kewanee, 401 E. Third Street, Kewanee, IL 61443**

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### PART 1: OWNER INFORMATION

Owner Legal/Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business type:  Sole Proprietorship  Partnership  Corporation (State of Charter: \_\_\_\_\_)

Other (please describe): \_\_\_\_\_

Owner's Contact Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

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### PART 2: PROJECT INFORMATION (if applicable)

Project Name \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Project Description \_\_\_\_\_

Project is classified as:  Industrial  Commercial

Project Street Address \_\_\_\_\_



**FOR ENTIRE PROJECT:**

Total Projected Investment \$ \_\_\_\_\_

Total Number of Jobs Created or retained: \_\_\_\_\_ Number of Jobs FTE: \_\_\_\_\_

Current annual retail sales (if applicable – commercial projects only) . . . . . \$ \_\_\_\_\_

Projected (new) annual retail sales generated by this project . . . . . \$ \_\_\_\_\_

**PART 3: SOURCES AND USES OF FUNDS (attach more detailed information if necessary)**

Source of Funds:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Use of Funds:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**PART 4: BANKING INFORMATION**

Total Loan amount: \$ \_\_\_\_\_ Anticipated Interest Rate: \_\_\_\_\_ %

Anticipated Loan Term: \_\_\_\_\_ Interest Only: Yes  No

Financial Institution: \_\_\_\_\_

Contact at Financial Institution: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Please attach amortization schedule for loan.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Owner Title Date

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Office Use Only:

Date received: \_\_\_\_\_ By: \_\_\_\_\_