FOSSTON ECONOMIC DEVELOPMENT AUTHORITY
MICRO-LOAN PROGRAM
COVID 19 EMERGENCY LOAN APPLICATION

APPLICATION #_____ **DATE**: _____

Name of Firm or Business: _____

Name of Person Applying: _____

Address: _____

Telephone Number: (Work) _____ (Home) _____

Key Management Personnel/Owners

Name/Title: _____

Name/Title: _____

Type of Organization: (mark one)

_____ Sole Proprietorship Social Security Number: _____

_____ Partnership Federal ID Number: _____

_____ Corporation

Description of Proposed Project: _____

_____

Type of Project: $_____ COVID 19 Emergency Loan Funds

_____ _____
Owner Signature **Date**

I understand that this COVID 19 emergency loan is not forgivable.

"The City of Fosston is an equal opportunity lender, provider and employer"