

Main Street Revitalization Application Form

Heartland Lakes Development Commission
100 8th Street E
Park Rapids, MN 56470
218-732-2256

Sections I, II, III: Please provide the information requested. “You” refers to the proprietor, general partner, or corporate officer signing this form.

I. Applicant/Information about You

Name	
Street Address	
City, State, Zip	
Telephone	
Email	
Social Security Number	
Date of Birth	

II. Information about your Business

Name of Business	
Address of Business	
City, State, Zip	
County	
Telephone	
Email	
Type of Business	
Date Established	
Present Number of Employees	
Proposed New Employees	
Federal Tax ID Number	
NACIS Code	

How did you hear about the Main Street Revitalization Program? _____

III. Information about Management

List the name of all owners, officers, directors and/or partners. Provide percent of ownership and the annual compensation. Please provide social security numbers for anyone owning 20% or more.

Name/Title		Ownership Percentage	
Address		Annual Compensation	
Name/Title		Ownership Percentage	
Address		Annual Compensation	
Name/Title		Ownership Percentage	
Address		Annual Compensation	
Name/Title		Ownership Percentage	
Address		Annual Compensation	

Section IV. Project Description

Provide a brief description of your project

Section V. Project Uses and Sources

Sources and uses must balance. City Revolving Loan Fund cannot be used to refinance existing debt. Equity is defined as the amount or percentage of capital (or lien free assets) that is required to be added to a project from borrower or investor sources.

Uses of Funds

Land	
Building	
Construction/Renovation	
Other	
Total	

Sources of Funds (must include all sources)

Bank	
Main Street Revitalization	
Other Gap Sources	
Other	
Other	
Equity	
Total	

Total Amount of Main Street Revitalization Funds Requested: _____

Section VI. Job Projections

	Existing Jobs		Projected Jobs (2 yrs)		Average Wage	Benefits Available?
	FT	PT	FT	PT		
Professional/Managerial						
Technical/Skilled						
Unskilled/Semi - skilled						

Section VII. Demographic Information

The Funder (DEED) believes that quality demographic data will highlight the comprehensive work provided by administrators and the effectiveness and efficiency of the program. Please provide indicate the categories that apply to your business to assist with the reporting requirements of the program.

Please select race:	
Please select ethnicity:	
Please select all that apply:	

Section VIII. Disclosures, Certifications & Releases

Application Disclosure Statement

I/We understand that by signing and submitting this application and the grant request is approved, I/We will be responsible for all costs incurred in connection with the grant that I/We have applied for. Applicant understands that the acceptance of this application does not constitute approval or the pursuit of approval for the grant requested. Applicant further states that Applicant understands this application will be submitted to a Grant Committee.

Certification

I/We certify that all information in this application is true and complete to the best of my/or knowledge and is submitted to HLDC to decide whether to provide a grant to me/us. I/We have made no misrepresentations in the grant application or other documents, nor did I/we omit any pertinent information. I/We understand and agree that HLDC reserves the right to verify the information provided on the application.

By

Title

Date

By

Title

Date