



CITY OF OWOSSO, MICHIGAN
APPLICATION - OWOSSO MAIN STREET/DDA (OMS)
REVOLVING LOAN FUND (RLF) & GRANT PROGRAM

301 W Main Street, Owosso, MI | 989.413.3344 | downtownowosso@gmail.com | www.downtownowosso.org

LOAN APPLICATION - Emergency Response Loan

**BEFORE COMPLETING/SUBMITTING THIS APPLICATION, PLEASE CONTACT OMS/DDA (CONTACT INFO IS LISTED ABOVE).
THE OMS/DDA BUSINESS VITALITY COMMITTEE WILL OFFER FREE ASSISTANCE IN COMPLETION OF THIS APPLICATION AND
HELP ANSWER ANY QUESTIONS/CONCERNS ASSOCIATED WITH APPLICATION SUBMISSION.**

EMERGENCY INFORMATION:

EMERGENCY: _____

STATE OF EMERGENCY DECLARED? [] LOCAL [] STATE [] FEDERAL [] NONE

OWNER/APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

BEST PHONE #: _____ [] Business [] Mobile [] Home

EMAIL: _____

BUSINESS/PROPERTY INFORMATION:

OWNER ENTITY NAME: _____

DBA (if different): _____ EIN # (if applicable): _____

ADDRESS: _____

PHONE: _____ WEBSITE: _____

TAX CLASSIFICATION OF BUSINESS ENTITY:

[] Corporation [] LLC [] Partnership [] Proprietorship [] S-Corp [] Individual [] Non-Profit

TYPE/CATEGORY OF BUSINESS: _____

PROPERTY IS: [] Owned by Business [] Owned by Applicant [] Owned by Other _____

SQUARE FOOTAGE CURRENTLY OCCUPIED: _____

NAME OF INSURANCE PROVIDER: _____

LIST OTHER OWNERS IF APPLICABLE:

Name: _____ Name: _____

Name: _____ Name: _____

CONTINUE TO NEXT PAGE

LOAN REQUEST INFORMATION:

LOAN REQUEST (check up boxes that apply):

Note: Loan Maximum per project/building is \$5,000.00

LOAN REQUEST AMOUNT: _____

LOAN USE (Check all that apply):

Rent Payment; Utility Payment; Employee Payroll; Business-related Debt Payments

Building Restoration; Interior Repair/Restoration

Other: _____; Other: _____

DOES YOUR INSURANCE POLICY COVER OR PARTIALLY COVER RELIEF FOR THE EMERGENCY INDICATED ABOVE?

No Yes - HOW MUCH?: _____

PROVIDE A BRIEF DESCRIPTION OF HOW THIS EMERGENCY IMPACTED YOUR BUSINESS:

APPLICATION CHECKLIST:

Please ensure the following are submitted with your application:

Current Lease Agreement Monthly Utility Expenses Monthly Payroll Expenses

Current Insurance Policy

Note: Applicants are requested to be present at the time of the application's review. Other documentation could be requested if deemed necessary by OMS/DDA. Additional information that could be requested are: Credit Reports for all business/owners; Proof of equity investment; Personal/business tax returns; Current business financial statement; Cash flow statements; Copy of lease/purchase agreement; Commitment letters from other lenders/project participants; Cost Estimates-all items being purchases with RLF monies; Articles of incorporation, partnership, and/or operating agreements.

By signing this form, I, the applicant, certify that all information contained above is true and complete to my best knowledge and belief. Applicant understands this application and any other information received with it will be retained whether this request is approved or denied.

Applicant Signature: _____ Date Signed: _____

Owosso Main Street/DDA Only:

Application Received By: _____ Date Received: _____

COMPLETED APPLICATIONS WILL BE REVIEWED BY THE OMS/DDA BUSINESS VITALITY COMMITTEE. IF APPROVED, APPLICATIONS WILL BE SUBMITTED TO THE LOAN REVIEW COMMITTEE FOR FINAL APPROVAL. APPLICANTS WILL BE ASKED TO BE PRESENT DURING THE LOAN REVIEW COMMITTEE'S REVIEW OF THEIR APPLICATION.