



Loan Application
North St Paul Business Façade Improvement Program

Information about Business Owner(s)
Please provide information for every person who owns 20% or more of the business. If there are more than two owners, attach additional sheets as needed.

Owner's (#1) Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Home Phone: (____) _____ Cell Phone: (____) _____
E-mail Address: _____

Owner's (#2) Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Home Phone: (____) _____ Cell Phone: (____) _____
E-mail Address: _____

Business Information

Name of Business: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: (____) _____ Fax Number: (____) _____
Business E-mail Address: _____
Business Website: _____
Has business started? Yes No If yes, when did business start? _____
Federal Tax Identification Number: _____
Business Structure: *(Check the applicable line for your business.)*
 Sole Proprietorship Partnership Limited Liability Company
 C Corporation S Corporation Have not formed a business entity
 Other (Please specify. _____)

