

**Chisago County Business Enterprise Program Application**

**I. Applicant Information:**

Name(s) of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Corporation: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Start Up: \_\_\_\_\_ Existing Business: \_\_\_\_\_

**II. Brief Description of Project in which funds would be utilized and description of business which applicant is engaged as it related to this project.**

**III. Project Funding:**

Total Project Cost: \$ \_\_\_\_\_ Amount of BEP Loan Request: \$ \_\_\_\_\_  
 Use of BEP Loan Funds: Real Estate: \$ \_\_\_\_\_ Equipment: \$ \_\_\_\_\_

**IV. Employment:**

Current Employment:

# of FT Employees	Average Hourly Wage	Benefits ?

Proposed Job Creation:

# of FT Employees	Average Hourly Wage	Benefits ?

# of PT Employees	Average Hourly Wage	Benefits ?

# of PT Employees	Average Hourly Wage	Benefits ?

**V. Lender Information:**

Participating Bank: \_\_\_\_\_  
 Bank Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing, applicant agrees to job creation requirements.  
 If these requirements are not met within the required time period, the loan interest rate will increase 2%.*

\_\_\_\_\_  
 Authorized Signature of Applicant

\_\_\_\_\_  
 Date

**When Completed, send to::**

**Chisago County HRA-EDA  
 PO Box 410  
 North Branch, MN 55056**