

**City of Richmond Revolving Loan Fund Program
Preliminary Loan Application**

Applicant Name(s): _____ Tax ID#: _____

Home Address: _____

Business Name: _____ Tax ID#: _____

Business Address: _____

Phone #: Day () _____ Evening () _____

Please Check One: New Business Existing Business

Existing Business - Please Complete

Type of business: _____

Years in operation: _____ Employees: Full-Time _____ Part-Time _____

Approximate annual revenues \$ _____

Facility is: Owned Leased Looking for Space

Existing and New Business - Please Complete

Purpose of loan: _____

Amount of loan request: \$ _____

Amount of funds you now have to invest in *or* have already invested in the business: \$ _____

Do you need assistance preparing your Loan Request Proposal? YES NO

Credit Check Authorization

I/We authorize The City of Richmond and/or its authorized agents to perform inquiries necessary to determine credit worthiness for the loan for which I am applying. I/We hereby release all parties from all liabilities from any damage that may result from furnishing any information to the City of Richmond.

Certification

I/We hereby certify that all information contained above is true and complete to the best knowledge and belief of the applicant(s) and is submitted for the purpose of inducing the City of Richmond and/or its agents to approve financial assistance requested in this application.

Signed _____ SSN: _____

Print Name _____ DOB: _____

Signed _____ SSN: _____

Print Name _____ DOB: _____