



170 Main St East,
PO Box 236
Elgin, MN 55932
(507) 876-2291
Fax: (507) 876-2451

NEW BUSINESS LOAN PROGRAM

APPLICATION FORM

Name of Applicant: _____ Date: _____

1. Applicant's Mailing address: _____
2. Email Address: _____
3. Phone number: _____
4. Business Name: _____
5. Business Address of proposed project: _____
6. Social Security Number: (used for credit verification): _____
7. Is the applicant the deed holder of the building?: _____ Yes _____ No
8. Is the building located within the City limits of Elgin?: _____ Yes _____ No
9. Is the building zoned industrial or commercial?: _____ Yes _____ No
10. Project Summary: _____

(If more space is needed, please attach an additional sheet of paper with 10. Project Summary at the top.)

11. Estimated Total Project Cost: \$_____ (Please attach quotes, estimates and/or bids)
12. Total Amount Requested: \$_____ (Maximum request \$10,000 for projects under \$300,000; maximum request \$20,000 for projects over \$300,000)

