MMCDC Business Loan Application

GENERAL BUSINESS INFORMATION

Business Name:		
Business Address:		
City:	State:	Zip:
Business Structure: □LLC □	Corporation □Sole Proprietor	□Other
Business Ownership Structure	:	
Date Business Started:	Tax ID	Number:
Number of Employees: PT	FT	
Women Owned or Controlled	: □Yes □No □Do Not Know	
Low Income Owned or Contro	ılled: □Yes □No □Do Not Kr	now
Minority Owned or Controlled	l: □Yes □No □Do Not Know	1
Veteran Owned or Controlled	: □Yes □No □Do Not Know	
Business Summary (please inc a business plan):	lude a brief summary of your b	ousiness incomes and expenditures or attacl
CONTACT INFORMATION		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
Name of Drimary Contact For	the Lean:	

119 Graystone Plaza Suite 100
Detroit Lakes, MN 56501 | 218-847-3191
This institution is an equal opportunity employer, provider, and lender.

Signature _____



Date _____