

# City of Saint Peter Covid19 Micro Loan Program

## Loan Application

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ownership: \_\_\_\_\_

Owners Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Saint Peter, MN 56082

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_

Business classification: (Choose One)

\_\_\_\_\_ Cocktail Lounge

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Club / Lodge

\_\_\_\_\_ Retail Sales

\_\_\_\_\_ Cultural Services

\_\_\_\_\_ Hotel / Motel

\_\_\_\_\_ Studio / Gallery

\_\_\_\_\_ Fitness / Health Club

\_\_\_\_\_ Public Assembly

\_\_\_\_\_ Salon / Spa / Barber

\_\_\_\_\_ Birthing Center

Medical Office

Daycare Childcare In home - Circle Yes or No:  
Yes

No

\_\_\_\_\_% If yes, the percentage of the residence utilized for daycare / childcare services?

**Utility Information**

**Utility Service**

**Provider**

Electric:	City of Saint Peter
Water / Sewer:	City of Saint Peter
Natural Gas:	CenterPoint Energy
Cable / Internet:	_____
Phone:	_____
Garbage Service:	_____

**Monthly Expenses**

Rent / Mortgage:	\$ _____
City Utilities:	\$ _____
Natural Gas:	\$ _____
Cable / Internet:	\$ _____
Phone:	\$ _____
Garbage Service:	\$ _____

MONTHLY TOTAL: \$ \_\_\_\_\_

MONTHLY TOTAL x 4: \$ \_\_\_\_\_  
**(Maximum Loan Amount)**

*In-Home Daycare: x % of residence occupied by daycare services:* \$ \_\_\_\_\_

**LOAN REQUEST:** \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Submit photo copies of the lease / mortgage statement as well as the monthly utility billings with this application.***