

Windham Economic Development Corporation
Covid-19 Disaster Business Loan Fund
Application
Business Continuation Loan Program
Business Restart Loan Program

LOAN REQUEST

Loan Amount Request: _____

Loan Program applying for:

Business Continuation

-or-

Business Restart

BORROWER

Business Name: _____

Physical Address: _____

Mailing Address: _____

Tax Identification Number (TIN): _____ Phone Number: _____

2019 Business Revenue: _____ Year Established: _____

Contact Person: _____ Email: _____

Business Website: _____

Employee Amounts: Officers/Shareholders _____ Full-Time _____ Part-Time _____

Business Type: Sole Proprietor LLC Corporation

GUARANTOR (Business owners totaling at least 75% ownership interest required)

Name: _____

Address: _____

Social Security Number: _____ Phone Number: _____

Percent of Ownership: _____

Additional Documents Required

Business Continuation Plan or Business Restart Plan and other documents (a - f) as described in Subsection E of the Underwriting Criteria Section of the Loan Program Description.

