|  |  |  |
| --- | --- | --- |
| **B**usiness name:  |  |  |
| Business physical address: |  |  |
| Business mailing address: |  |  |
| NAICS Code |  |  |
| County: |  |  |
| Municipality: |  |  |
| Full-time employees (Worldwide) ***must be <100*** |  |  |
| Full-time employees (PA) |  |  |
|  |  |  |  |  |
| Contact Name: |  |  |
| Contact Phone: |  |  |
| Contact e-mail: |  |  |
| Entity Type: |  |  | Corporation |  | S Corporation |  | Partnership |
| (place an “x” in box) |  |  | Proprietorship |  | LLC or LLP |  |
| Nature of business: |  |  |
|  |  |  |
|  |  | *List each principal with 20% or greater ownership.* |
| Company Principals: |  | Name and Address | Business % | Title |
|  |  |  |  |  |
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| Amount of loan request: |
|  |
| Is your business currently closed due to COVID-19? If yes, what was the date of the closure? |
|  |
| Briefly describe the negative impact caused to date by COVID-19. (Drop/decline in revenue vs. pre-COVID $ amount of revenue monthly; change in your staffing/layoff/furlough, etc; , approximate expenses/bills due each month, etc.)  |
|  |
| Briefly describe how this working capital loan will be used (pay rent, pay payroll, retain employees, pay utilities, pay required debt, etc.)  |
|  |