



FOR OFFICE USE ONLY
Log # _____
Date Rec'd _____
Lead Staff _____

CHILD CARE LOAN PROGRAM

Applicant Name: _____ Phone: _____ Email: _____

Home Address: _____
 (Include street or post office box number, city, state, zip)

If already licensed, how long have you had your license? _____ months/years License Capacity: _____

Current Slots Filled: _____ Infants _____ Preschool _____ School Age _____ Other

Licensor Name and phone or email: _____

If not licensed yet, what will be your capacity? _____ Infants _____ Preschool _____ School Age _____ Other

If you are not currently licensed, have you had your inspection? _____ Yes _____ No Comments: _____

If you are already in business, what is the legal form? _____ Sole Proprietorship _____(s) Corporation

_____ General or Limited Partnership _____ LLC or LLP

Name of your Child care Business: _____

Telephone, Email, Address, other contact information: _____

Proposed Loan Uses:

Remodeling: \$ _____ * Equipment/Furniture: \$ _____

Supplies: \$ _____ Working Capital: \$ _____

*Required to obtain or maintain license

Note: Depending on needs, more than one loan is possible, up to \$5,000.00 per loan.

Please email the following to Tabi (tabis@nwmf.org):

1. Copy of last year's complete tax return (include all subsections and worksheets)
2. Complete Loan Application form
3. Copy of Fire Marshal Report (if required by your county)
4. Screenshots, copies of estimates, or receipts for desired loan uses

(Additional information may be needed, depending on financing needs)

APPLICANT CERTIFICATION AND SIGNATURE

Everything I have stated in this application is true and correct to the best of my knowledge. I authorize the Northwest Minnesota Foundation to make inquiries regarding my credit history and information contained in this application and attachments.

Authorized Signature

Date

For questions, please contact Tabi or Diane
 Tabi, tabis@nwmf.org; or Diane, dianem@nwmf.org;
 NORTHWEST MINNESOTA FOUNDATION
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