

# Executive Order Closure Loan Application

A Partnership Between:



## APPLICANT INFORMATION

Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, MI Zip \_\_\_\_\_  
Contact Information Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Business Tax ID \_\_\_\_\_  
Business Type Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship \_\_\_\_\_ Nonprofit \_\_\_\_\_  
Business Ownership \_\_\_\_\_  
Years in business \_\_\_\_\_

## BUSINESS/NONPROFIT INFORMATION

Annual Sales/Revenue 2019 \_\_\_\_\_ Annual Sales/Revenue 2018 \_\_\_\_\_  
Average Monthly Sales/Revenue \_\_\_\_\_  
Number of Employees FTE \_\_\_\_\_ PTE \_\_\_\_\_  
Compensation Type Salaried \_\_\_\_\_ Hourly \_\_\_\_\_ Tipped \_\_\_\_\_  
Average weekly payroll \_\_\_\_\_  
Banking Relationship \_\_\_\_\_  
Impact from COVID 19 \_\_\_\_\_

## INDUSTRY AND NEED

Industry Sector Fitness \_\_\_\_\_ Movie Theatre \_\_\_\_\_ Bowling Alley \_\_\_\_\_ Other \_\_\_\_\_  
Normal Days/Hours of Operation \_\_\_\_\_  
Please Describe Your Need: \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

## ATTACHMENTS REQUIRED

\_\_\_\_\_ Articles of Incorporation

You represent that all information in this application is accurate and complete, that you are authorized to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involved you or your business. We are not obligated to grant you credit and we may retain this application whether or not credit is granted. You agree to authorize us to obtain information from others concerning your credit standing and other relevant information impacting this application and to provide to others information about our experience with you.

Name and Title

Date

Completed application must be returned to Zach Vaughn at Cornerstone Alliance at [ZVaughn@stonealliance.org](mailto:ZVaughn@stonealliance.org)