



## Operating Business

Legal Name of Operating Entity	_____
D/B/A (if applicable)	_____
Organization Type	_____
Date Founded	_____
Date Incorporated	_____
SSN / FEIN	_____
Address	_____
City/State/Zip	_____
Business Operating Location Address	_____
Email	_____
Phone	_____

## Impact of COVID-19

Is Business Currently Closed?	_____
Date of Closure	_____
Date of Reopen, if applicable	_____
Impact from COVID-19:	

Use of Funds (example: payrolls, utilities, etc.)

Amount of loan requested \$ \_\_\_\_\_

\*Please note that the amount you request may not be the amount that you are eligible for based on DCED's calculation

### Ownership of Operating Entity

Name of Principal	_____
% Ownership	_____
SSN	_____
Address	_____
Name of Principal	_____
% Ownership	_____
SSN	_____
Address	_____
Name of Principal	_____
% Ownership	_____
SSN	_____
Address	_____
Name of Principal	_____
% Ownership	_____



SSN

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Address

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Name of Principal

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% Ownership

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SSN

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Address

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## History of Operating Entity

## Description of Product and Primary Business