

**City of Colusa
Business Assistance (RLF) Inquiry Form**

Applicant Name: _____

Name of Business: _____

- Sole Proprietorship S Corporation Partnership C Corporation LLC/LLP

Business Telephone: _____

Home Telephone: _____

Fax: _____

Current Street Address: _____ **City** _____ **Zip** _____

Proposed Street Address: _____ **City** _____ **Zip** _____

Mailing Address: _____ **City** _____ **Zip** _____

Loan Amount Requested: \$ _____

Uses of Funds:

Acquisition of Real Estate \$ _____

Site Work _____

Machinery & Equipment _____

Renovation/Rehabilitation/New Construction _____

Leasehold Improvement _____

Inventory _____

Advertising & Promotion _____

Operating Capital _____

Other (specify) _____

Total \$ _____

Number of employees: (Complete Employment Form Attachment A)

Current: Full Time _____ Part Time _____

Proposed New Jobs: Full Time _____ Part Time _____

New employees will be required to provide information on household income.

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Current Work Force -- list below the current work force of the business as of the date of application: (Attach additional sheet if necessary.)

Position / Title	Hourly Wage	Hours per Week

New Jobs To Be Created -- list below the new jobs to be created. The new jobs **must be** regular employees of the business, not independent contractors or employees hired through a temporary employment agency. (Attach additional sheet, if necessary.)

Position / Title	Hourly Wage	Weekly Hours
TOTAL		

Once this form has been completed please mark "Confidential" and send to the following address:

*City of Colusa
Economic Development RLF -Manager
P.O. 1063
Colusa, Ca 95932
Phone: (530) 458- 4740
Fax: (530) 458 -8674*