



Redevelopment Authority of the City of Meadville  
**FAÇADE IMPROVEMENT PROGRAM LOAN APPLICATION**

**YOUR BUSINESS CONTACT INFORMATION**

Title:

Company name or Property:

Phone:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced or Date building ownership commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**YOUR BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Tax ID or SSN:

Number of Employees:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

**YOUR BUSINESS REFERENCES**  
*PLEASE LIST AT LEAST ONE.*

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

**SIGNATURES**

Title:

Date:

Title:

Date:



PLEASE EXPLAIN THE PROPOSED PROJECT. INCLUDE PLANS AND RENDERINGS



PLEASE PROVIDE A PROJECT BUDGET.

Amount Requested:

PLEASE DESCRIBE THE PROJECT TIMELINE.