

**TOWN OF LYONS REVOLVING LOAN FUND (RLF) and BUSINESS  
RECOVERY FUND (BRF)  
BUSINESS LOAN APPLICATION FORM**

**ELGIBILITY**

To be eligible for a business loan form the Lyons Revolving Loan Fund (“RLF”) or the Lyons Business Recovery Fund (“BRF”) a business must:

1. Have its principal office in the Town of Lyons or the Lyons planning area.
2. Have a documented history of profitable business operations.
3. Agree to provide personal guarantee upon execution of loan documents
4. Agree to pay at closing a \$50 application fee for each loan
5. The applicant must provide a copy of their certificate of good standing from the Colorado Secretary of State’s office.

**APPLICANT INFORMATION**

APPLICATION DATE: \_\_\_\_\_ REQUESTED LOAN DATE: \_\_\_\_\_

APPLICANT’S LEGAL NAME: \_\_\_\_\_

APPLICANT’S TRADE NAME: (IF DIFFERENT FROM LEGAL NAME)

\_\_\_\_\_

TYPE OF BUSINESS (CORP, LLC, PARTNERSHIP, ETC): \_\_\_\_\_

PERSONAL GUARANTOR: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AUTHORIZED AGENT:

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EIN/TAX ID: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Are any Town of Lyons employees, elected officials or appointed officials part owners of the applicant's business? \_\_\_\_\_ If yes, what percentage is their ownership stake?

\_\_\_\_\_

**LOAN INFORMATION**

DESIRED LOAN AMOUNT: \_\_\_\_\_

HOW WILL THE FUNDS BE USED? Please provide specific details:

\_\_\_\_\_  
\_\_\_\_\_

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HAVE YOU APPLIED FOR OR RECEIVED ANY OTHER BUSINESS LOANS? Please provide specific details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all outstanding indebtedness of the business and indicate debt balance and collateral secured by each debt:

\_\_\_\_\_  
\_\_\_\_\_

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Please list all officers, directors, partners and managers of the business:

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED FINANCIAL INFORMATION**

Please submit as attachments to this application: 1) a current balance sheet, 2) profit and loss statements for the business' two most recent completed fiscal years, 3) a profit and loss statement for the current fiscal year to date, and 4) a credit report of the applicant and the guarantor within the last 30 days.

**CERTIFICATIONS**

By signing and submitting to this application, I certify that I have read the Eligibility requirements above and that the business requesting funding complies with such requirements. I further certify my understanding that if the business receives a loan and thereafter relocates its principal office outside the Lyons area, the outstanding loan balance will immediately become fully due and payable. The Applicant understands that the information submitted by the Applicant in conjunction with this is not necessarily inclusive of all information required by the Town of Lyons to asses an application. The Town reserves the right to request supplemental information from the Applicant in order to more fully evaluate an application.

If Applicant is a proprietorship, please sign below:

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If Applicant is a corporation, partnership or other form of business entity, please sign below:

Entity Name: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Its: \_\_\_\_\_ (president, manager, general partner, etc)

Applicants are advised that all submission materials submitted to the Town may be open to public inspection in accordance with the Colorado Open Records Law (C.R.S. § 24-72-101 et seq.). The Town will notify the Applicant if a request has been made for their application materials.

**Mail:** Town of Lyons, Community Programs and Relations  
EDC - RLF Ad-Hoc Committee  
PO Box 49 Lyons CO 80540

**Website address:** <http://www.townoflyons.com> **PHONE:** 303.823.6622 ext. 35