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| **Barrick Hemlo Micro Loan Fund****Applicant Information :** |
| **Business Name:****Operating Name: (if different from Business Name)** |  |
| **Business Registration Number:****(or Incorporation Documents)** |  |
| **HST Number (if applicable)** |  |
| **Business Address :** |  |
| **Owner’s Name :** |  |
| **Legal Entity (check one):** | Sole Proprietor Partnership Corporation  |
| **Phone (business) :** |  |
| **Phone (mobile) :** |  |
| **Email Address :** |  |
| **How long has the business been in operation?** |  |
| **What business is conducted on the property?** |  |
| **How was your business affected by the COVID-19 pandemic?** |  |
| **One-hour free consultation with MNP** | Would you be interested in receiving a free one-hour consultation with MNP Chartered Accountants to ensure you are aware of all funding opportunities available to your business through Canada’s Emergency Response Benefits programs? **Yes**  **No** |
| **Amount of funding requested (no more than $10,000)** |  |
| **Repayment Terms requested (please check one)** |  One Year (12 monthly payments) Two Year (24 monthly payments) |
| **Personal Identification** | Please attach a copy of one of the following forms of identification:* Driver’s Licence
* Government Issued Identification (e.g. passport)
* Birth Certificate
 |
| **Incorporation Documents (if applicable)** | Please attach a copy of the Articles of Incorporation, if applicable. |

**CERTIFICATION**

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and any accompanying statements and documents is true, complete and correct. The undersigned agrees to notify the Loan Committee of any changes in this information. The undersigned further certifies that these statements are made to obtain a loan currently located, or proposed to be located within Manitouwadge, Marathon and White River, Ontario.

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Signature Date

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

Print Name

**Email Completed Application to** **edo@manitouwadge.ca**