

**City of Canby**

**Small Cities Revolving Fund Program Commercial Full Application**

Office Use Only:

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Return this application to: City of Canby, 110 Oscar Avenue North, Canby, MN 56220  
(scan/fax/delivered) cityofcanby@canby.mntm.org 507-223-5170 507-223-7295  
(Email) (Phone) (Fax)

Section A – General Information

Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Address City State Zip

Business Address: \_\_\_\_\_

Address City State Zip

Phone Numbers: \_\_\_\_\_

Primary Cell Business

Email Address: \_\_\_\_\_

Section B – Property Information

Legal Description of Property: \_\_\_\_\_

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

Approximately how old is the building (years)? \_\_\_\_\_

How long have you operated your business in this building (years)? \_\_\_\_\_

Please attach or send us a copy of your deed to the property.

Are there rental units above? Yes / No

If yes, how many units? \_\_\_\_\_

Section C – Ownership Information

Please select which one best describes the ownership status of your business building:

\_\_\_\_\_ Title holder. Property is owned free and clear.

\_\_\_\_\_ Mortgage. Payments with: Name/Address: \_\_\_\_\_

\_\_\_\_\_ Contract for Deed. From: Name/Address: \_\_\_\_\_

\_\_\_\_\_ Renting. From: Name/Address: \_\_\_\_\_

Please select which one best describes the ownership arrangement of your business building:

\_\_\_\_\_ Myself, as a sole proprietor.

\_\_\_\_\_ A partnership, with (name): \_\_\_\_\_

\_\_\_\_\_ A corporation. Corporation President: \_\_\_\_\_

Corporation Secretary: \_\_\_\_\_

Please list any parties (besides yourself) who will need to co-sign legal documents:

Name/Address: \_\_\_\_\_

Name/Address: \_\_\_\_\_

Name/Address: \_\_\_\_\_

Name/Address: \_\_\_\_\_

Section D – Repair Information

Briefly describe the repairs which you believe your commercial building needs. (Note: the actual repairs will be determined by an inspection, working together with you.)

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Building Condition Self-Survey

To help us understand quickly and concisely what repairs are needed, please fill out this self-survey of the conditions of the building.

Exterior Conditions:	Good	Fair	Poor
Roof	_____	_____	_____
Foundation	_____	_____	_____
Siding	_____	_____	_____
Interior Conditions:			
Ceiling	_____	_____	_____
Walls	_____	_____	_____
Floors/Floor Covering	_____	_____	_____
Vital Systems:			
Electrical System	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Energy Conservation:			
Insulation	_____	_____	_____
Windows	_____	_____	_____
Doors	_____	_____	_____
Furnace	_____	_____	_____
Water Heater	_____	_____	_____
Other Conditions (specify):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section E – Notices to Applicant

The information requested in this application is classified as private data under the Minnesota Data Practices Act unless otherwise stated below. Under the provisions of this Act, we are hereby notifying you that:

1. This information is being collected in order to determine if you qualify for commercial building repair assistance under this program.
2. You are not legally required to provide the information which is requested in this application and you may refuse to do so. If you do not provide the information which is requested, we will not be able to determine your eligibility and you will not receive commercial building repair assistance.
3. You have the right to see, receive copies of, and challenge the accuracy and completeness of any and all information relating to you which we have on file relating to your application.
4. To determine your eligibility for commercial building repair assistance, or to deliver such assistance, information relating to your application may be made available to governing boards, staff, and other essential personnel involved in the execution of this program.
5. As enacted by the Minnesota State Legislature in 2003: The names and addresses of applicants for and recipients of benefits, aid, or assistance through programs administered by any political subdivision, state agency, or statewide system that are intended to assist with the purchase, rehabilitation, or other purposes related to housing or other real property are classified as public data on individuals. If an applicant or recipient is a corporation, the names and addresses of the officers of the corporation are public data on individuals. If an applicant or recipient is a partnership, the names and addresses of the partners are public data on individuals. The amount or value of benefits, aid, or assistance received is public data.

False Statements: Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under the provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and/or may be required to return all or part of the repair assistance provided under the terms of the program.

Applicant’s Statement: I, the undersigned, certify that under penalty of law, the information provided herein is true and accurate to the best of my knowledge, and that I have read, understand, and agree to the terms of the notifications printed above.

I hereby authorize and give permission to any person, corporation, society, organization, government agency, bank, insurance company, or financial institution to disclose to the program administrators any and all information which they may request concerning my application for assistance under the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_