

**REQUEST TO CLARKSBURG URBAN RENEWAL
AUTHORITY FOR DETERMINATION OF ELIGIBILITY FOR
INTEREST SUBSIDY PAYMENT BY CLARKSBURG URBAN
RENEWAL AUTHORITY UNDER HARRISON COUNTY
ECONOMIC ALLIANCE LOAN PROGRAM**

Business-Company Name

Principal Owner(s)

Type of entity: Sole Proprietorship
 Limited Liability Company

Partnership Corporation
 Other _____
Specify

Principal business activity: Construction
Transportation

Manufacturing

Professional Services Retail

Wholesale

Technology Other

Specify

Business Location: _____
(physical address) _____

Telephone: (____) _____

E-Mail _____

Employees

Current Number of Employees

_____ Full-time _____ Part-time

Anticipated Number of Employees
(1 Year After Loan)

_____ Full-time _____ Part-time

Use of loan proceeds:

Purchase of equipment and/or inventory

Working capital

Acquisition and/or renovation of commercial real estate

Date of commencement of business operations in Clarksburg:

Amount of loan to be requested:
