

# APPLICATION

## FLORENCE COUNTY REVOLVING LOAN FUND PROGRAM

(Florence County is an equal opportunity provider, employer and lender)

Applicant name(s)				Date Submitted			
<b>BUSINESS INFORMATION:</b>							
Name of Business							
Mailing and Street Address							
City		Zip Code		County		FLORENCE	
Business Phone		Cell		Other #			
Contact Person							
E-mail Addresses							
Financial Consultant, if any				Phone/Email			
Principal Product or Service							
Current # of employees		New jobs to be added					
SIC Code		Federal tax ID #		NAICS		DUNS	
Date business created		Social Security number					
<b>Company Structure:</b>							
Sole Proprietorship		d/b/a		Limited Partnership			
General Partnership		Corporation (mark type)		(C)	(S)	(LLC)	
<b>Indicate type of project FC-RLF Loan will fund:</b>							
<b>Business type:</b>		Start-up		Expansion		Retention	
Amount of Loan Requested		Proposed Collateral					

The following documentation must accompany this application. A free business counselor is available to assist.

- Balance Sheet & Income Statement for the last two (2) fiscal years for an existing business
- Earnings projections for three (3) years from date of application, assumptions included
- Cash Flow analysis on a monthly basis for the first (1st) year of operation
- Articles of Incorporation, partnership agreement or documentation for sole proprietorship
- List of proposed collateral with estimated value(s)
- Personal Financial Statement for owners
- Signed copies of personal and business (if applicable) Federal Tax Returns for the past two (2) years
- Written Business Plan and Financing Proposal with resume(s) of management team
- A list of equipment or items to be purchased with loan proceeds with estimated costs of each
- USDA requires applicants to submit forms (AD1048, RD400-4) and obtain a federal DUNS number

**I. INFORMATION ON ALL OWNERS**

Name		Title	
Address		% of Ownership	
City State Zip			
Social Security Number		D.O.B.	

Name		Title	
Address		% of Ownership	
City State Zip			
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Social Security Number		D.O.B.	

**II. SOURCE OF FUNDS**

1	Owners' Equity	\$	
2	FC RLF Loan	\$	
3	Bank Financing	\$	
4	Other Financing	\$	
	<b>Total Project Cost</b>	\$	

**III. USE OF FUNDS**

1	Building/real estate	\$	
2	Equipment	\$	
3	Furniture and Fixtures	\$	
4	Inventory/working capital	\$	
5	Other	\$	
	<b>Total Use of Loan Funds</b>	\$	

**IV. BUSINESS INDEBTEDNESS**

Provide the following information on all outstanding debt that the business presently owes or is responsible to pay.

Payable to Whom	Original Loan	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral

**V. ADDITIONAL QUESTIONS**

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? Yes \_\_\_ No\_\_\_ If yes, please provide details as a separate exhibit.

Are you or your business involved in any pending lawsuits? Yes\_\_\_ No\_\_\_ If yes, please provide details as a separate exhibit.

Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for Florence County or hold an official position within Florence County? Yes\_\_\_ No\_\_\_ If yes, please provide the following information:

Name \_\_\_\_\_ Department/Position \_\_\_\_\_

Address \_\_\_\_\_

Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? Yes\_\_\_ No\_\_\_ If yes, please provide the following information along with a current balance sheet and operating statement for each as a separate exhibit.

Name \_\_\_\_\_ Department/Position \_\_\_\_\_

Address \_\_\_\_\_

Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? Yes\_\_\_ No\_\_\_ If yes, provide details in a separate exhibit.

Are any of the individuals listed under "Management" on parole or probation? Yes\_\_\_ No\_\_\_ If yes, please provide details as a separate exhibit.

Have any of the individuals listed under "Management" been convicted of a crime? Yes\_\_\_ No\_\_\_ If yes, please provide details as a separate exhibit.

<b>PERSONAL FINANCIAL STATEMENT</b>				Date	
Applicants Name					
<b>ASSETS</b>					
Cash				\$	
	Bank Accounts	\$			
	Other	\$			
Securities-Market				\$	
Real Estate- Market Value				\$	
Car- Market Value				\$	
Cash Value of Life Insurance				\$	
Savings Bonds, 401K, etc.				\$	
Other Assets				\$	
Receivables				\$	
		<b>Total Assets</b>		\$	
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Current Household Bills				\$	
Installment Contracts				\$	
	Car	\$			
	Appliances	\$			
	Personal Loan	\$			
	Other	\$			
Real Estate Mortgage				\$	
	Describe				
Other Mortgages				\$	
	Describe				
Other Loans				\$	
	Describe				
		<b>Total Liabilities</b>		\$	
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Assets		Total Assets from above		\$	
Liabilities		Total Liabilities from above		\$	
		<b>Net Worth</b>		\$	

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. I authorized Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with lender, to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement. Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless: (1) I direct Lender at the address above that such information is unrelated to my transactions or experiences with Lender, and may not be shared by Lender with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.

It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Type or Print Name

X \_\_\_\_\_  
Joint Applicant Spouse Signature (joint credit only)

X \_\_\_\_\_  
Type or Print Name

For married Wisconsin resident: I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted will be insured in the interest of my marriage and family.

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Type or Print Name

X \_\_\_\_\_  
Date