|  |  |
| --- | --- |
| Montgomery County Action CouncilRetail/Commercial Business Loan Application |  |

Date:

|  |  |  |
| --- | --- | --- |
| COMPANY INFORMATION |  |  |
| Legal Name of Business:  |  |
| Type of Business: |  |
| Project Site Address: |  |
| Home Address of Owner: |  |
| Primary Contact Person: |  |
| Business Phone: |  |  |  |  |  |  | Cell: |  |
| Email: |  |
| Website or Social Media: |  |
| Date business started:  |  |  |  |  |  |  | Number of owners: |  |
| NAICS Code: |  |  |  |  |  |  | Business EIN: |  |
| Business Incorporation Type: |  | Sole Proprietorship |  |  | General Partnership |  |  | LLC – Limited Liability Company |
|  | S Corporation |  |  | C-Corporation |  |  | Other |
| Type of Project: |  | New Business Start-Up – Existing Building |
|  | New Business Start Up - New Building (Construction) |
|  | Existing Business - Expansion - **New Facility** |  | Expansion of **Current Facility** |
|  | Equipment purchase (can check this in conjunction with above projects!) |
| Number of Jobs Created: | **Year 1** |  | **Year 2** |  | **Year 3** |  | **Year 4** |  |  | **Year 5** |  |
| Pay range of Jobs: |  |
| Amount Requested: | $ | Total Project Costs |  | $ |
| Which program are you wanting to use for financing?  |  | MCAC |  | IWW |  | E-Community |  | City |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Timeline? |  |
| Do you have Bank Financing? If so, provide bank and loan total: |  |
| What will you use the funding for? Describe the overall project and what you will use the money from this program for specifically.  |  |

|  |
| --- |
| Information Needed for loan/incentive to be finalized: |
|  | Detailed Company Information Form | Page 1 |
|  | Written Business Plan and/or Memo regarding plans for business and this project. | Description of BusinessOwnershipManagementDate EstablishedProducts/ServicesFuture Plans |
|  | Project Description: | Page 3 |
|  | Building/Land Description: | Page 4 |
|  | Financial Statements - Provided via excel sheet | Profit and Loss StatementIncome StatementExpenses Sheet |
|  | Job Creation Projections | Page 5 |
|  | Detailed Contact Information | Page 6 |
|  | Credit Check | Experian Connect - $15 per appalicant |
|  | Personal Financial Statement for all Key personnel – Fill out for each Owner/Major Stockholder (We will request this if needed) | If needed |
|  | Tax records for past 3 years (Personal for Start Ups, Business for existing businesses) |  |
|  | Certificate of Good Standing – Kansas | <https://www.kssos.org/other/certificate_good_standing.html> |
|  | Obtain county and city business licenses if needed |  |
|  | Purchase Life Insurance plan in the amount of the loan with an assignment to the lending organization. Contact Information:  |  |

|  |
| --- |
| Project Description |
| Please provide an overall description of the business (services provided or products produced, business’s mission and goals, etc):  |  |
| Please describe how this project improves the vibrancy of the local community and/or contributes to health equity within the community.  |  |
| What will you use the funding for specifically? ex: equipment, renovation, building purchase?  |  |
| Describe how the use of these funding sources help this project move forward:  |  |
| What is your total personal investment into this project? How long have you been working on this plan?  |  |
| Have you pursued financing from a conventional source? If so what was their response to your project? Who are the other creditors (current and future for this project)? |  |
| Please describe the owner(s) and key employees (type of work owner was previously involved in, management skills/knowledge, leadership, and experience): |  |
| Please identify your business’ competition, where they are located and how the business will set itself apart |  |
| What is the sales forecast for your business? Who is your businesses targeted market? |  |
| List and describe any milestone for success that are planned to track the success of the business project (ex: increased sales goals, timeline related to expansion or introducing new product/service, hiring new employees, etc.): |  |
| If you have an existing business, what was your total revenue from sales last year? If you are a startup, what is the projected gross revenue for your first full year? |  |

|  |
| --- |
| bUILDING INFORMATION |
| Describe current operation size and location (if existing business): |  |
| Who will hold the First Mortgage on the property (Contact Information)?  |  |
| Will you expect the need for an expansion, renovation, or addition to the building under consideration? If so, have you received bids on the costs for this project? Are these costs in this proposal? |  |
| Will you occupy the entire space? If not, will you be leasing this remaining space? Provide lease information if so. |  |
| Is the prospective location properly zoned?  |  |
| Will the loan proceeds be used to expand, renovate, or replace an existing building? Will these improvements improve the energy efficiency of the building?  |  |
| If new construction or major renovations are required, will you be using licensed contractors? Have you applied for a building permit yet?Name & Address of Contractor or Architect |  |
| What type of inventory, machinery, or equipment will be financed (if any)? This includes a Point of Sale System, security, cameras, display cabinets, or other machinery. |  |

|  |
| --- |
| Job and Wage Goals: |
| **CURRENT FTE Employees:** |  |
| jobs to be created |
| **Job Title** | **Number of Jobs** | **Average Hourly Wage Range** | **Annual Salary Range** | **Are the Jobs Permanent or Temporary?** | **Expected Hire Date:** |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |

|  |
| --- |
| Project contacts |
| Names of all persons or corporations who would be obligated as either applicant or as personal guarantors of loans:  |
| **Name** | **Address** | **Telephone** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other Business Contact Information |
| Attorney: |  |
| Address: |  |
| Phone/Email: |  |
| Accountant or Person who will complete business financials: |  |
| Address: |  |
| Phone/Email: |  |
| Financing Sources: |  |
| Name: |  |
| Address: |  |
| Phone/Email: |  |
| Financing Sources: |  |
| Name: |  |
| Address: |  |
| Phone/Email: |  |
| Other: |  |
| Name: |  |
| Address: |  |
| Phone/Email: |  |

Permission for Credit Check

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant permission for the Montgomery County Action Council and/or its designated agent to do a credit check for the purpose of review for a loan application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Contact

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Co-Signer or Spouse

Title of Company if representing a company or organization:

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

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

Social Security Number and/or Tax ID Number if you are applying under a business name:

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

Primary Contact Spouse (if needed)

*To complete the credit check process, we will send you an electronic request via Experian Connect and Vantage Score. There is a $15 fee payable by the applicant to process your credit score.*

*If this is an existing business, we will also process a credit check on the business as well as the personal. This is a soft hit on the credit report, so this check will not have an impact on your credit score.*

**VOLUNTARY DEMOGRAPHICS SURVEY:**

## *IN ORDER TO RECEIVE FUNDING THROUGH FEDERAL PROGRAMS LIKE USDA, WE ARE REQUIRED TO SUBMIT DEMOGRAPHIC INFORMATION FOR THE CLIENTS OR BUSINESSES WE SERVE THROUGH OUR REVOLVING LOAN FUNDS. IF YOU ARE ABLE TO COMPLETE THE FORM BELOW, WE WOULD APPRECIATE IT! This does not affect your application in any way.*

|  |  |
| --- | --- |
| **VETERAN STATUS** | YES/NO |
| US Veteran |  |
| **RACE** | Total Employed by Business being served: |
| American Indian/ Alaskan Native |  |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| Hispanic or Latino |  |
| White - Not Hispanic or Latino |  |  |
| TOTAL |  |
| **SEX** | **Total Employed** |
| Male |  |
| Female |  |
|  |  |

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

Fax: (202) 690-7442

program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.