



## Burwell Economic Development REVOLVING LOAN FUND APPLICATION

**Do Not Leave Any Question Blank. Incomplete Applications Will Not Be Processed.**

**A. Business (Borrower) Information:**

Name of Business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail (if applicable): \_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

**Business Classification (check all that apply):**

\_\_\_\_\_ Admin/Mgmt. HDQS

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Research & Development

\_\_\_\_\_ Retail

\_\_\_\_\_ Service

\_\_\_\_\_ Telecommunications

\_\_\_\_\_ Tourism

\_\_\_\_\_ Warehousing & Distribution

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

**Business Organization (check one):**

\_\_\_\_\_ "C" Corporation

\_\_\_\_\_ General Partnership

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Limited Liability Partnership

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ "S" Corporation

\_\_\_\_\_ Sole Proprietor

Does the business have a parent or subsidiaries? \_\_\_\_\_ Yes   X   No

If yes, identify name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*\*Full-Time Equivalent, FTE is based upon 2,080 hours per year.

\*\*\*Seasonal Full-Time Equivalent are jobs which will be available for a least 3 continuous months and reoccur annually.

\*\*\*\*Public financing requires the participation of a private financier and equity funds.

**Business Type:**

\_\_\_\_\_ Start-up \_\_\_\_\_ Acquisition \_\_\_\_\_ Existing\*

\*If Existing, list number of years in business: \_\_\_\_\_

**Ownership Identification:**

List all officers, directors, partners, owners, co-owners and stockholders.

<u>Name</u>	<u>Title</u>	<u>Ownership Percent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment Information:**

Existing Number of Full-Time Equivalent\*\* Positions: \_\_\_\_\_

FTE Positions to be created within 18 months of application approval: \_\_\_\_\_

Total Number of Seasonal\*\*\* FTE Jobs Created: \_\_\_\_\_

Starting wage per hour for FTE personnel: \_\_\_\_\_

**B. Project Information**

USES OF FUNDS	Burwell RL Funds Requested	Other Funds	Total Project Cost	Source of Other Funds
Land Acquisition				
Building Acquisition/Renovation				
New Facility Construction				
Acquisition of Machinery/Equip.				
Acquisition of Furniture/Fixtures				
Working Capital				
Other (specify):				
<b>TOTAL:</b>				

Term Requested: \_\_\_\_\_

Collateral Offered: \_\_\_\_\_

Other Requested  
Loan Terms: \_\_\_\_\_

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**SOURCES OF FUNDS\*\*\*\***

Name of Lending Institution: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail (if applicable): \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Percent \_\_\_\_\_ Variable \_\_\_\_\_ Fixed

Equity Required: \_\_\_\_\_  
\_\_\_\_\_Collateral Required: \_\_\_\_\_  
\_\_\_\_\_Loan Covenants: \_\_\_\_\_  
\_\_\_\_\_**C. Other Information Needed**

A qualifying business shall include a letter specifically requesting funding and a brief summary of why funds are required. Refer to Burwell Revolving Loan Fund Guidelines Packet for a detailed description of all information required. Incomplete applications will not be processed.

*I certify the above information is accurate to the best of my knowledge and belief. The above information is provided to help you evaluate the feasibility of obtaining public financial assistance. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record. I understand that I must update credit information at your request if my financial condition changes.*

*Also by signing this application I certify that I have read and understand the Burwell Revolving Loan Fund Application Guidelines.*

\_\_\_\_\_  
*Applicants Signature*\_\_\_\_\_  
*Applicants Printed Name*\_\_\_\_\_  
*Date Signed*\_\_\_\_\_  
*Co-Applicants Signature*\_\_\_\_\_  
*Co-Applicants Printed Name*\_\_\_\_\_  
*Date Signed*

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