

**SOUTH FLORIDA REGIONAL PLANNING COUNCIL
 REVOLVING LOAN FUND APPLICATION**

I. GENERAL INFORMATION

Name of Individual completing this form:
Title:

Legal Business Name
Type of Business:
Principle Business Product:

SIC Code:	Tax I.D. #:
Is the Business?	<input type="checkbox"/> Start-up <input type="checkbox"/> Established
Date business established:	

Legal Structure of the Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub-Chapter S	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> LLC	<input type="checkbox"/> Other	

Business Street Address:
City, State Zip Code

Years at current location:	
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Telephone Number:	Fax Number:
E-mail Address:	Website Address:

II. OWNERSHIP

List names of all stockholders, partners, owners and officers and percentage of ownership.
 Attach separate sheet if additional space is needed.

1. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

2 Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

3. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

4. Name:	Title:	SS#
Street Address:	Home Telephone:	Work Telephone:
	E-Mail Address:	Fax Number:
Percent of Company Owned:	# Of Years Owned:	
Other Companies Owned:	Annual earnings from company:	

III. MANAGEMENT

List Key Officers, Managers and Employees. Attach separate sheet if additional space is needed. Include resumes with application.

Name	Title/Responsibility	Annual Salary	Years of Experience

IV. BUSINESS BACKGROUND INFORMATION

Please provide a brief history of your business' future plans and projections and describe your products and/or services and the competition you face. (Attach Business Plan)

Please provide information on your previous business experience and experience relevant to the success of the company.

Please provide information on any environmental issues related to the business property. If a Phase I or Phase II Environmental Assessment has been done, please provide a copy.

BUSINESS ADVISORS: PROFESSIONAL SERVICES

The names of all attorneys, accountants, appraisers, agents, and all other parties (whether individual partnerships, association, or corporations) engaged by or on behalf of the applicant (whether on a salary, retainer, or fee basis and regardless of the amount of compensation) for the purpose of rendering professional or other services of any nature whatever to the applicant, in connection with the preparation or presentation of this application or with any loan to applicant which the SFRPC may make or participate in as a result of this application, or such loan or participation; and all fees or other charges or compensation paid or to be paid therefore for any purpose in connection with this application whether in money or other property of any kind whatever, by or the account of the applicant, together with a description of such services rendered or to be rendered are as follows:

Accountant's Name	Street Address	City, State Zip Code	Phone
Compensation Agreement:			
Description of Service to be rendered:			

Attorney's Name	Street Address	City, State Zip Code	Phone
Compensation Agreement:			
Description of Service to be rendered:			

Insurance Agent	Street Address	City, State Zip Code	Phone
Compensation Agreement:			
Description of Service to be rendered:			

Other	Street Address	City, State Zip Code	Phone
Compensation Agreement:			
Description of Service to be rendered:			

Other	Street Address	City, State Zip Code	Phone
Compensation Agreement:			
Description of Service to be rendered:			

V. STRATEGIC ALLIANCES:

List any key alliances you may have negotiated with other companies or suppliers.

Is the Company working with any of the following State, Federal or Local economic development initiatives? Check all that apply:

<input type="checkbox"/> State Empowerment Zone Programs	<input type="checkbox"/> Federal Empowerment Zone Programs
<input type="checkbox"/> Greater Miami Chamber of Commerce One Community One Goal	<input type="checkbox"/> The Broward Alliance Targeted Industry Program
<input type="checkbox"/> Enterprise Florida, Targeted Industries	<input type="checkbox"/> State Federal Brownfields Initiatives
<input type="checkbox"/> Brownfields Showcase Communities	Other: _____

VI. FINANCIAL INFORMATION:

Approximate Annual Sales Revenue	\$ _____
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BUSINESS BANKING INFORMATION:

1. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

2. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

3. Bank:	Contact:	Phone:
Account Type:	Account Number:	Account Balance

CREDIT RELATIONSHIPS:

1. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owing
	Repayment Terms	Maturity Date	

CREDIT RELATIONSHIPS CONTINUED:

2. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owning
	Repayment Terms	Maturity Date	

3. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owning
	\$	\$	\$
	Repayment Terms	Maturity Date	

MISCELLANEOUS FINANCIAL INFORMATION:

1. Has the business or principal owner ever been turned down for a business loan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, when?	
Please provide the name of entity that denied the loan, the primary contact and the phone number. (Attach letter of denial)	

2. Has the business or principal owner ever declared bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details on a separate sheet.	

3. Is the business a defendant in any lawsuit?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If yes, please provide details on a separate sheet of paper.	

4. Are you a co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If yes, to whom owed?	

5. Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
If yes, to whom owed?	

6. Do you owe back taxes to the state or federal government?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
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7. Are you obligated to make child support payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$
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8. Are you or have you ever been suspended or debarred from doing business with the State or Federal Government?	No Yes:
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If yes, please explain when

9. Are you a relative or business partner of any SFRPC employee, Council member, or Loan Board member? No Yes:
 If yes, explain relationship.

10. Have you ever been charged with a felony? No Yes:
 If yes, please explain.

VII. LOAN REQUEST

Amount of SFRPC Loan \$

Date the financing is needed by:

USE OF FUNDS:

REQUESTED TERM OF SFRPC LOAN:		
Category	Total Project Cost	SFRPC Portion of Total Project Cost
Land/Land Improvement		
Construction		
Machinery/Engineer		
Interest		
Contingency		
Working Capital		
Other:		
Other:		
Other:		
Total:		

AMOUNT OBTAINED FROM OTHER SOURCES

Source	Amount	Security/Collateral

SUMMARY OF COLLATERAL OFFERED

Attach a detailed list of collateral offered that includes the method of valuation. The SFRPC will require the transfer of a first or second lien position deed on real estate or buildings and will require an assignment of other assets offered as collateral. If assets are jointly owned, the SFRPC may require the signature of other owner on a security instrument at loan closing, as allowed Section 202(d) (4) of the Equal Credit Opportunity Act. A current appraisal of real estate and buildings offered as collateral may also be require as a condition of the loan closing.

	Cost	Net Book Value (Cost Less Depreciation)	Present Liens or Mortgage Balance
Land and Buildings			
Machinery/Equipment			
Furniture/Fixtures			
Accounts Receivable			
Inventory			
Other (Specify)			

VIII. COMMUNITY BENEFIT

Please list the minority persons you currently employ. For this application, the following are considered minority persons: Blacks (Non-Hispanic), Hispanics, Asians/Pacific Islanders, and American Indians/Alaskan Natives.

	Present Employment	Present Payroll (Dollars)	# Of Jobs to be Created	Future Payroll (Dollars)	Date By Which Jobs Will Be Created
Minority Female					
Minority Male					
Non-Minority Female					
Non-Minority Male					

ESTIMATED ANNUAL TAXES TO BE PAID ONCE PROJECT IS FULLY OPERATIOAL

	Federal	State	Local
Income (Corporate)			
Payroll			
Excise			
Real Estate			
Other			
Total			

IX. CERTIFICATION

I certify, as the authorized representative of the applicant company, that all information furnished as part of and in support of this application is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named in the application or support documents for credit verification. I acknowledge that all information submitted to the SFRPC is public record.

Signature

Date

Title

Signature

Date

Title

SOUTH FLORIDA REGIONAL PLANNING COUNCIL REVOLVING LOAN FUND APPLICATION CHECKSHEET

- ___ Completed SFRPC loan application.

- ___ Accountant prepared business financial statements
 - ___ Profit and loss statements for the past three years
 - ___ Balance sheet statements for the past three years
 - ___ Cash flow projections for 2 years
 - ___ Cash flow for prior 3 years

- ___ Business federal tax returns for the past three years

- ___ Quotes for purchase or collateral appraisal documents (an appraisal required for loans of \$250,000 or higher)

- ___ Interim financial statements

- ___ Management resumes

- ___ Federal tax returns for each principal owner listed in Section II for past 3 years

- ___ Personal Financial Statement

- ___ Organizational Papers
 - ___ Articles of Incorporation
 - ___ Fictitious name statement
 - ___ Copy of business license

- ___ Executive summary from Business Plan

- ___ Environmental Assessment Report, if applicable

- ___ Credit References from Vendors

- ___ Denial Letter

- ___ Copy of Insurance