

BELKNAP COUNTY REVOLVING LOAN FUND

Lakes Venture Resource Center, 2 Airport Road, Gilford, NH 03249 (603) 524-3057

APPLICANT INFORMATION

Company (Print name as registered with Secretary of State)

State Registered

Company Address - Street

City

State

Zip

Telephone # (include area code)

Product/Service

Year Established

Tax ID#

PLEASE CIRCLE:

**Individual
C Corporation**

**Sole Proprietorship
LLC**

**Partnership
LLP**

**S Corporation
PLLC**

Billing Address if different from company address - Street

City

State

Zip

Telephone # (include area code)

If Subsidiary Company, Name and address of PARENT COMPANY

City

State

Zip

Telephone # (include area code)

OWNERSHIP STRUCTURE: (Please list all owners including percentage of ownership and their positions within the company)

- | | | | | |
|----|------|----------------|----------------|---------------------|
| 1. | Name | Position/Title | % of ownership | Social Security No. |
| 2. | Name | Position/Title | % of ownership | Social Security No. |
| 3. | Name | Position/Title | % of ownership | Social Security No. |
| 4. | Name | Position/Title | % of ownership | Social Security No. |

Please list additional key employees who are not owners of the business:

- | | | |
|----|------|----------------|
| 1. | Name | Position/Title |
| 2. | Name | Position/Title |
| 3. | Name | Position/Title |
| 4. | Name | Position/Title |

BUSINESS BANKING REFERENCES (Please attach additional sheets if necessary)

Bank Name

Address City State Zip

Account Officer Title Telephone #

Type of Account Account Numbers Date Opened

Bank Name

Address City State Zip

Account Officer Title Telephone #

Type of Account Account Numbers Date Opened

Trade References (list any supplier who provides 25% or more of products and/or any other major suppliers)

Name Address City State Telephone High Credit - Owing - Terms

1

2

Terms of Trade Credit: _____

BUSINESS REAL ESTATE OWNED

Property Address Cost\$ Market Value\$

City State Zip

1st Mortgage: Original \$/Current Balance Maturity Rate Held By Monthly Payment

2nd Mortgage: Original \$/Current Balance Maturity Rate Held By Monthly Payment

Present Financial Obligations Please list below ALL bank, finance company, chattel mortgages, conditional sales and lease financing obligations outstanding. If more space is needed, please attach separate sheet(s).

Name Acct. # Orig. Amount Balance Due Monthly Pymt. Purpose

1. \$ \$ \$

2. \$ \$ \$

3. \$ \$ \$

PROJECT INFORMATION *Brief Description*

-
-
-
1. Have any contracts for this project been signed? _____ If so, when? _____
 2. Has any equipment to be financed been ordered? _____ If so, when? _____
 3. Has any inventory to be financed been ordered? _____ If so, when? _____
 4. Number of Jobs Saved _____ Jobs to be Created _____

TOTAL PROJECT COST

Land	\$ _____	Building Acquisition/Construction	\$ _____
Renovations & Improvements	\$ _____	Machinery and Equipment	\$ _____
Working Capital	\$ _____	Inventory	\$ _____
Furniture & Fixtures	\$ _____	Fees and Charges	\$ _____
Contingency	\$ _____	Total	\$ _____

Timetable:

Starting Date: _____ Completion Date: _____

PROPOSED FINANCING (include firm letters of commitment describe terms and conditions)

- a. _____ \$ _____ % of total _____
Financing Provider
- _____ Contact Name _____ Telephone Number (include area code)
- b. _____ \$ _____ % of total _____
Financing Provider
- _____ Contact Name _____ Telephone Number (include area code)
- c. _____ \$ _____ % of total _____
Owner Financing
- _____ Contact Name _____ Telephone Number (include area code)

TOTAL \$ _____

LOAN REQUEST INFORMATION:

Amount Requested \$ _____ Purpose _____

Repayment Terms Requested _____

Primary Source of Repayment _____

Collateral Description/Value _____

APPLICANT'S CERTIFICATION

I/We certify that all information in this application and all information furnished in support of this loan application is true and complete to the best of my/our knowledge and belief. I/WE authorize BCEDC or their representative to make all inquiries deemed necessary to determine my/our credit worthiness. This application and supporting information attached may be retained by BCEDC.

Signature of Authorized Officer or Principal

Title

Date

Signature of Authorized Officer or Principal

Title

Date

EXHIBITS

The following information **MUST** accompany the application. Please call with any questions.

- 1. Applicant's last THREE year's audited financial statements and business income Tax Returns, with all schedules and SIGNED by preparer.
- 2. Applicant's year-to-date interim financial statement.
- 3. Current year-to-date Accounts Receivable and Accounts Payable agings.
- 4. Current Personal Financial Statement for each Principal plus last TWO year's personal income tax returns, with all schedules and SIGNED by preparer, for each owner of 20% or more.
- 5. Partnership Agreement/LLC Member Agreement/Corporate By Laws, as applicable. Include a Corporate Borrowing Resolution and the Businesses commitment to the project.
- 6. Copy of Certificate of Good Standing from the New Hampshire Secretary of State.
- 7. Written estimates from contractors or suppliers. Purchase agreement, if/when applicable.
- 8. Legal Description of real estate property (as applicable).
- 9. Current Business Plan: (including the following)
 - a. Five year projected financial statements (profit and loss, cash flow and balance sheets with detail regarding all assumptions and officer compensation).
 - b. Five-year marketing plan (include past, present and future markets, niches and geographic aspects, present market share and those of its competitors, organization of sales force, distributions channels, principal customers and their respective concentrations {include contact names and phone numbers for references}, advertising strategy and competitive advantage in market).
 - c. General information to include description of business operation, engineering capabilities, production and scheduling capabilities, quality control, inventory control (availability and pricing of raw materials), labor and training, future expansion or contraction, management capabilities, geographic considerations such as labor pool, transportation, utilities, expansion opportunities.
- 10. Civil Rights and Equal Opportunity Statement.
- 11. Short Form Environmental (if applicable).

FOR BCEDC USE ONLY

Request Type: IRP1 IRP2 CDBG1 CDBG2 Other
Concurrence _____ LRC _____ BoD _____ Other _____