

Revolving Loan Fund Application

Information:					
Company Name:					
Company Address:					
Number	Street				
City	State	Zip			
Phone Number:					
Fax Number:					
E-mail:					
Federal ID Number: _					
Contact person:					
Business Type:	Corporation LLC		rship ty Sole Proprieto	orship	
State and Date of Inco	rporation:				

COMPANY OWNERSHIP

List the name, title, residential address, phone number and percentage of ownership for each owner of the company who owns 20% or more of the outstanding stock.

Name/Title:			
Address:			
Number	Street		
City	State	Zip	
Phone Number:			
Percentage ownership:			
Number of Shares:			
Name of Spouse:		(If stock ow	ned in Joint Names)
Name/Title:			
Address:			
Number	Street		
City	State	Zip	
Phone Number:			
Percentage ownership:			
Number of Shares:			
		2	Phone (812) 27

Name of Spouse:		(If stock ov	(If stock owned in Joint Names)		
OUTSIDE PROFES	SSIONALS				
	addresses and phone nu er outside professionals		ccountant(s), attorney(s),		
Accountant's Name: _					
Firm:					
Address:					
Number	Street				
City	State	Zip			
Phone Number:					
•					
Number	Street				
City	State	Zip			
Phone Number:					
Banker's Name:					
Firm:					
Address:					
		_	DI (010) 074 0		

Number	Street		
City	State	Zip	
Phone Number:			
Other's Name:			
Firm:			
Address:			
Number	Street		
City	State	Zip	
Phone Number:			

REQUIRED ATTACHMENTS

- Acceptable business plan (containing information on the management of the business, internal and external financing options, reliable financial statements, and financial projections for the next one (1) year. This plan should outline the specific use of funds and how these funds will contribute to the success of the business and overall benefit to the City).
- Commitment Letter from your bank regarding any financing the bank will provide for this
 project. (If applicable) Documentation of all other non-bank financing that will contribute
 towards the completion of the project.
- Previous financial statements, including audited tax returns, up to two (2) years if applicable (for existing businesses)
- Two-year proforma financial statements (for new businesses)
- Shall show evidence and provide affidavit that borrower has at least 15% of the amount of the loan as equity in the business. This affidavit shall be accompanied with a copy of bank statement or letter of intent

- Current and in good standing with all city of Madison building codes, zoning requirements, and Health department requirements
- Documentation of Historic Review Board approval (if location is within a historic district)
- Signed Authorization to Release Information (Form enclosed)
- Signed Credit Check Authorization (Form enclosed)
- Signed Creditworthiness Statement (Form enclosed)
- Signed Annual Reporting Agreement (Form enclosed)
- Signed Affidavit of Non-Relationship
- Job Creation/Retention Projections (Form enclosed)
- Completed Source and Use of Funds Worksheet (Form enclosed)

A loan application and required documents may be submitted to the Economic Development director. The loan applicant is responsible for the submission of a complete loan package, which includes:

- Complete loan application
- All supporting/required documents described in the application and listed above

Please allow up to 30 days for a decision once a completed application is received.

Authorization to Release Information

In connection with the business loan application of:

S .	nmittee/city of Madison is requesting the following nation from your accountant, attorney, and banker to ication.
Your Full Name:	
Your Spouse's Name:(If applicable)	
Current Address:	
Former Address:	
Social Security No.:	
Date of birth:	
Spouse's SSN:	
Date of Birth:	
e e e e e e e e e e e e e e e e e e e	Fund Review Committee/city of Madison to use ion as required in connection with the above-
Your signature:	Date:
Spouse's signature	Date:

Credit Check Authorization

In connection with the	business loan applicati	on of:		
	from you for us to obta	in current credit	f Madison is requesting the information from one or more	;
Your Full Name:				
Your Spouse's Name: (If applicable)				
Current Address:				
Former Address:				
Social Security No.:				
Date of birth:				
Spouse's SSN:				
Date of Birth:				
	y to use the above inf	ormation to obta	nmittee/city of Madison or ain current credit report(s) a loan application.	ıS
Your signature:			Date:	
Spouse's signature			Date:	

Creditworthiness Statement

The applicant must not be in arrears or default on any of the following obligations:

- 1. Real property taxes
- 2. Mortgage payments
- 3. Federal and state tax obligations, including the timely filing of all tax returns
- 4. Other debts such as any past or existing MRLF loans
- 5. Revolving credit loans and related obligations
- 6. Unsatisfied judgments or other claims which would interfere with the City's rights in the collateral

Noncompliance with any of the above will be considered an appropriate reason for a loan refusal. The applicant will, however, have the opportunity to correct any of the above problems. Yet, substantial noncompliance will show a lack of creditworthiness and result in denial of the loan application.

Applicant's Name:	
Applicant's signature:	Date:

Madison Revolving Loan Fund Annual Reporting Agreement

In connection with the business ioan application	n oi:
The undersigned agrees to provide financial inf statements, tax returns, progress reports on the breakdown, to the City within 90 days after the outstanding.	1 •
Applicant's Name:	
Applicant's signature:	Date:

AFFIDAVIT OF NON-RELATIONSHIP

The City of Madison's guidelines for its Micro-Loan Program requires that no active full-time employee of the City of Madison, Mayor, Clerk-Treasurer or member of the Common Council, Board of Public Works and Safety or the Revolving Loan Review Committee or their direct relatives are eligible to receive funds from the City's Micro-Loan program. A relative is defined as the spouse, parent, father-in-law, mother-in—law, child, son-in-law, daughter-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece and whose relationship is the result of birth, marriage, or adoption. If any of the above listed ineligible individuals is a business associate of the applicant in another business enterprise, then the applicant would also be prohibited from receiving a loan. A business associate is defined as a person or that person's relative as listed above that has a financial interest with the applicant in another business.

To the best of my knowledge, I affirm that I have no relationship to any of the above individuals as defined by the statement of ineligibility.

Applicant's Name:		
Applicant's signature:	Date:	

Source and Use of Funds Worksheet (1 of 2)

Source	Amount	Term	Purpose	Security	Type
Bank					
Private					
Equity					
Request from MRLF					
Other:					

Source and Use of Funds Worksheet (2 of 2) Use of Requested MRLF Loan

Building:	
Renovation	\$ Description:
Acquisition	\$ Description:
Expansion	\$ Description:
Equipment Purchase(s):	\$ Description:
Working Capital:	\$ Description:
Other:	\$ Description:
Other:	\$ Description:
Other:	\$ Description:
TOTAL	\$ _

Job Creation/Retention Projections

In connection with the business loan a	application of:		
Current number of employees:			
Number of Part-time:			
Number of Full-time:			
Projected number of employees without MRLF:			
Number of Part-time:			
Number of Full-time:			
Projected number of employees with MRLF:			
Number of Part-time:			
Number of Full-time:			
Projected number of part-time employ	yees to be retained:		
Projected number of full-time employ	rees to be retained:		
	Jobs to be	retained total:	
Projected number of part-time jobs to	be created:		
Projected number of full-time jobs to	be created:		
	Jobs to be	e created total:	