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| **Mid-Ohio Valley Regional Council****Micro-Business Loan Application** |

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| **General Information** |  |
| Company Name |       |  | Phone |       |  |
| Address |       |  | Fax |       |  |
| City/State/Zip |       | E-mail |       |
| Contact Name |       |  | Phone #2 |       |  |
| Position |       |  | Phone #3 |       |  |
| Contact Name |       |  | County |       |  |
| Position |       |  | Web Site |       |  |
| **Type of Business** (check all that apply) |
| [ ]  | Construction | [ ]  | Retail |
| [ ]  | Manufacturing | [ ]  | Wholesale |
| [ ]  | Transportation | [ ]  | Technology |
| [ ]  | Professional Services | [ ]  | Other Services |
| [ ]  | Other (please specify) |  |
| **Legal Organizational Structure** |
| [ ]  | Sole Proprietorship | [ ]  | Corporation |
| [ ]  | Partnership | [ ]  | S Corporation |
| [ ]  | Limited Liability Partnership |  |  |
|  |  |  |  |
| **Tax Identification Number** |       |  |
| **Date Established** |       |  |
| **Employees** |  |  |
| Current Number of Employees |       | Full Time | Anticipated Number of Employees  |       | Full Time |
|  |  | Part Time | (1 Year After Loan) |       | Part Time |
| **Business Description** (attach additional pages if necessary) |
|       |

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| **Financial Information** |
| **Amount of Loan Funds Requested**  | **$** |       |  |  |
| **Estimated Project Costs** |  |  |  |  |
|  | SBDC Micro Loan | + Other Financing Debt/Equity | + Sources of Other Financing | + Borrower Funds | **= Total** |  |
| Machinery & Equipment |       |       |       |       |       |  |
| Inventory |       |       |       |       |       |  |
| Other Expenses |       |       |       |       |       |  |
| Total Project Costs |       |       |       |       |  |  |
|  |  |  |  |  |  |  |
| **Collateral** |  |  |  |  |  |  |
|  | Type | Year Acquired | Original Cost | Market Value | Lien Amount | Lien Holder  |  |
|  |       |       |       |       |       |       |  |
|  |       |       |       |       |       |       |  |
|  |       |       |       |       |       |       |  |
|  |       |       |       |       |       |       |  |
| **Existing Business Debts** |  |  |  |  |  |
|  | Creditors *Include address and phone number*. | Payment Amount | Current Balance |  |
|  |       |       |       |  |
|  |       |       |       |  |
|  |       |       |       |  |
|  |       |       |       |  |
|  |       |       |       |  |
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| **Other Business Information** |
|  |  |  |
| **Primary Bank** | Name |       |  |
|  | Phone |       |  |
|  | Address |       |  |
|  |  | Discharge Date |  |
| **Are you, or the business, currently involved in any litigation or other legal claims?** | [ ]  | No | [ ]  | Yes |       |  |
| **Has the business or any principal ever declared federal bankruptcy?** | [ ]  | No | [ ]  | Yes |       |  |
| **Are any taxes currently past due by the business or any of the principals and/or are any tax liens imposed? (Including Federal, State or Local)**  | [ ]  | No | [ ]  | Yes |       |  |
| **Is the business or any principals liable as guarantor or endorser for any debts *not shown above*?** | [ ]  | No | [ ]  | Yes |       |  |
| **Have you, or any of the principals, ever been convicted of a felony?** | [ ]  | No | [ ]  | Yes |       |  |
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| Business Experience and References |
| **Prior Business Education, Training and/or Experience** |  |
| Describe any formal business education, training or experience that you have. Please list courses taken, instructors, and dates. *Note: Micro-Business Loan Program Guidelines require that all loan applicants have or receive at least 24 hours of business training (e.g. NxLeveL™ or SmallBizU™ business training available through the WV Small Business Development Center). Attach certificates of completion or transcripts. Training is not a guarantee of loan approval.* |
| *►* |  |  |
| *►* |  |  |
| *►* |  |  |
| *►* |  |  |
| *►* |  |  |
| *►* |  |  |
| *►* |  |  |
| **Business References** Please provide at least 3 business references.  |  |
|  | Name | Address |  | Phone |  |
| 1. |       |  |       |  |       |  |
| 2. |       |  |       |  |       |  |
| 3. |       |  |       |  |       |  |
| **Personal References** Please provide at least 2 personal references. |  |  |
|  | Name | Address | Phone |  |
| 1. |       |  |       |  |       |  |
| 2. |       |  |       |  |       |  |
|  |  |  |  |
| Certifications |
| The undersigned certifies that he/she is the\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the applicant business applying for financing from Mid-Ohio Valley Regional Council, that he/she is familiar with the records of the borrower(s) and contents of this application, and that he/she is authorized to submit and sign the application. The information contained in this application, including all exhibits, is to the best knowledge of the undersigned, complete and accurate and represents fairly the condition of the applicant and projects accurately its intended operations for the period set forth in this application. It is understood that any false statement will be considered as cause for possible disqualification of the loan. The MOVRC is hereby authorized to conduct any investigation on the borrower(s) personal history and/or credit and financial records.  |
| Applicant |  |  |  |  |  |
|  |  | Signature |  | Date |  |
| Co-Applicant |  |  |  |  |  |
|  |  | Signature |  | Date |  |
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| **Checklist for Attachments** |
| Incomplete applications will not be forwarded to the loan review committee.  |  |  |
|  |  |  |  | Designate As:  | Attached? |  |  |
| 1. | Application fee. $25.00 |  | [ ]  | Yes |  |  |  |  |
| 2. | Copy of Credit Report on all Principals of Company. Exhibit A. | Exhibit A | [ ]  | Yes | [ ]  | NA |  |  |
| 3. | Business plan, which includes cash flow projections for one full year after funding, qualifications of owners, industry comparisons and marketing plan.  | Exhibit B | [ ]  | Yes | [ ]  | NA |  |  |
| 4. | Copy of required licenses (business and any special licenses required by the applicants industry.  | Exhibit C | [ ]  | Yes | [ ]  | NA |  |  |
| 5. | Completed SBA Form 413 (3-00) Personal Financial Statement for all owners, partners and stockholders owning more than 20% of company’s stock.  | Exhibit D | [ ]  | Yes | [ ]  | NA |  |  |
| 6. | Management resumes for all owners. | Exhibit E | [ ]  | Yes | [ ]  | NA |  |  |
| 7. | Pro Forma Income Statements for the previous 2 years, with explanations.  | Exhibit F | [ ]  | Yes | [ ]  | NA |  |  |
| 8. | Personal Tax Returns for each owner for the previous 3 years.  | Exhibit G | [ ]  | Yes | [ ]  | NA |  |  |
| 9. | Copy of Workers’ Compensation Certificate, if applicable.  | Exhibit H | [ ]  | Yes | [ ]  | NA |  |  |
| 10. | Copy of Property and hazard insurance polices, if available.  | Exhibit I | [ ]  | Yes | [ ]  | NA |  |  |
| 11. | Support documentation such as letters of Intent, contracts, and legal descriptions, patents/pending patents, copies of leases, feasibility studies, et al. Attach as appropriate. Exhibit J.  | Exhibit J | [ ]  | Yes | [ ]  | NA |  |  |