

LEWIS COUNTY ECONOMIC DEVELOPMENT

RURAL BUSINESS ENTERPRISE REVOLVING LOAN FUND



Application for Financial Assistance

County of Lewis Industrial Development Agency
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Lowville, NY 13367

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SMALL BUSINESS REVOLVING LOAN APPLICATION

BORROWER INFORMATION

Borrower's Legal Business Name: _____

DBA Name (if applicable): _____ Tax ID: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Nature of Business: _____ Phone: _____

Email: _____ Website: _____

Date Business Established (mo/yr): _____ Present Ownership Since (mo/yr): _____ # of employees: _____

- Business Structure: Proprietorship General Partnership Limited Partnership
 C-Corporation S-Corporation Professional Corporation
 Limited Liability Company Other:

Your primary business location is (check one): **Leased** Mo. Rent Payment: _____ Lease Expiration: _____

Owned Mo. Mort. Payment: _____ Mortgage Balance: _____ Mortgage Holder: _____

LOAN REQUEST

The undersigned (signer) agrees to pay for all fees imposed by the Lender in connection with this application of credit. The fees may include, but may not be limited to, a \$125.00 Loan Processing Fee plus legal fees.

Amount Requesting: \$ _____ Term/Length of Loan Requesting: _____

Purpose of Loan/Description of Project: Please identify the specific purpose of loan (attach additional page if needed):

Will any of the proceeds be used to refinance existing debt? Yes No

PROJECT EMPLOYMENT PLAN

Job Title	Annual or Hourly Wages	Current # of Positions	Jobs Created: Year 1	Jobs Created: Year 2	Jobs Created: Year 3
Total New Jobs Created:					

OWNER/GUARANTOR INFORMATION

Please provide the following information for each owner with 20% or more ownership of the business for each guarantor:

(1) Owner/Guarantor

Name: _____ Social Security #: _____ DOB: _____

Home Address (no PO Box): _____

Previous Address (if less than 2 years at current address): _____

Rent your home or Own your home Monthly Payment: _____ Mortgage Balance: _____

Phone: _____ Business Ownership Percentage: _____ Title/Position: _____

Present Employer: _____ How Long: _____ Gross Mo. Salary: _____

Other Income (Pension, SS, etc. Income from alimony, child support or maintenance need not be revealed if you choose not to rely on such income):

Monthly Amount: \$ _____ Source(s): _____

Monthly alimony, child support or maintenance payments you are obligated to make: _____

ASSETS	
Cash on hands in bank	
Stocks/Mutual Funds	
Other Investments	
Real Estate owned	
Cash Value Life Insurance	
Automobiles	
Total Assets:	

LIABILITIES	
Notes Payable	
Installment Loans	
Amounts owed to Relatives/friends	
Credit Card Debt	
Unpaid Taxes & Interest	
Mortgages	
Other Liabilities	
Total Liabilities	

Real Estate Owned

Location	% Ownership	Purchase Price/Year	Market Value	Mortgage Holder	Balance	Mo. Payment

(2) Owner/Guarantor

Name: _____ Social Security #: _____ DOB: _____

Home Address (no PO Box): _____

Previous Address (if less than 2 years at current address): _____

Rent your home or Own your home Monthly Payment: _____ Mortgage Balance: _____

Phone: _____ Business Ownership Percentage: _____ Title/Position: _____

Present Employer: _____ How Long: _____ Gross Mo. Salary: _____

Other Income (Pension, SS, etc. Income from alimony, child support or maintenance need not be revealed if you choose not to rely on such income):

Monthly Amount: \$ _____ Source(s): _____

Monthly alimony, child support or maintenance payments you are obligated to make: _____

ASSETS	
Cash on hands in bank	
Stocks/Mutual Funds	
Other Investments	
Real Estate owned	
Cash Value Life Insurance	
Automobiles	
Total Assets:	

LIABILITIES	
Notes Payable	
Installment Loans	
Amounts owed to Relatives/friends	
Credit Card Debt	
Unpaid Taxes & Interest	
Mortgages	
Other Liabilities	
Total Liabilities	

Real Estate Owned

Location	% Ownership	Purchase Price/Year	Market Value	Mortgage Holder	Balance	Mo. Payment

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Has the business ever declared bankruptcy? Yes No
- Are there any delinquent taxes owed by the business or any owner/guarantor? Yes No
- Does any owner/guarantor have any contingent liabilities? Yes No
- Is any owner/guarantor a partner or officer in any other venture? Yes No
- Has any owner/guarantor ever declared bankruptcy? Yes No
- Is there a pending litigation or unsatisfied judgements for the business or any owner/guarantor? Yes No
- Is any owner/guarantor an endorser, co-maker or guarantor of other debt? Yes No

If any of the questions above were answered "yes," please provide additional information:

Financial Statement Requirements/Additional Documents Needed:

- Most recent, 2 years, business Federal and personal federal income tax returns with W2s and current Pay Stubs for each owner/guarantor.
- Past Year Financial Statements, to include a *Balance Sheet, Income Statement, and Cash Flow Statement*
- Current year-to-date profit & loss if year-end financial information is more than 6 months old

Additional Information, as applicable:

- Invoice, if purchasing equipment or vehicle
- Copy of Business filing certificate (for new businesses)
- Business Plan & Project Description (purpose of loan)
- Income & expense/financial projections that will result from this project request (Consult with SBDC if needed)

***Lewis County Economic Development reserves the right to request additional information*

All Partners, officers, members named in this application must sign below. By executing this document, you authorize any person (including trade creditors and financial institutions) and credit reporting agencies to furnish to us financial information. Such information shall remain our property whether or not credit is extended. Every person signing this application declares that all information provided in the Application is a true representation of the facts. You certify that this information was provided to induce us to extend credit to the Business/Applicant.

We certify to you that we have relied upon this information in deciding whether to extend credit.

We may request a consumer report on each natural person signing below in connection with our evaluation of this Application and subsequent consumer reports in connection with updating, renewing or extending credit. Upon your written request, we will provide the name and address of the consumer reporting agency furnishing such a report to us, if any.

Signature _____ Title: _____ Date: _____

Signature _____ Title: _____ Date: _____

For Office Use:

Application Received on this date: _____

SCHEDULE "E"
BANKRUPTCY, LITIGATION AND FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? Yes_____ No_____

If yes, describe:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction?
Yes_____ No_____

If yes, describe:

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? Yes_____ No_____

If yes, describe: _____

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? Yes_____ No_____

If yes, describe: _____

Signed, _____

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ **Black or African American** _____

American Indian/Alaska Native _____ **Asian** _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ **Female** _____

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR: _____ 2. PROJECT NAME : _____

3. PROJECT LOCATION: Municipality _____ County _____

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):

5. IS PROPOSED ACTION: New Expansion Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
 Yes No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open space Other
Describe: _____

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
 Yes No If yes, list agency(s) and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency(s) and permit/approvals

12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/Sponsor Name: _____ Date: _____
Signature: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

PART II-ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.

Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another Involved agency.

Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly.

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No

PART III- DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether It is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (~ magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency _____

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)

Date