

**GREATER BELOIT ECONOMIC DEVELOPMENT CORPORATION  
COMMERCIAL AND INDUSTRIAL  
LOAN PROGRAM APPLICATION**

Double click on the boxes and choose "Checked" in the Default Value section to mark box with an "X"

<b>SECTION I-PROSPECT/APPLICANT INFORMATION</b>	
Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit	
Business Name:	
Trade Name:	
Address:	
City, State, Zip:	County:
E-mail / Website:	
Phone:	Fax #:
CEO Name:	CEO Title:
<b>Individual To Contact Regarding Questions About The Company/Project:</b>	
Contact Name:	Title:
Email Address:	
Phone:	Fax #:
Address:	
City, State, Zip:	Business DUNS #
<b>SECTION II-BUSINESS INFORMATION</b>	
Date Established:	
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, the Minority Classification is: <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Owned or Leased by the Applicant/Business: <input type="checkbox"/> Yes <input type="checkbox"/> No    (If leased, please provide a copy of lease)	
Primary Product or Service:	
Business or Property Owner Received City CDBG Funds for Any Past Projects or Properties: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION III-PROJECT INFORMATION</b>
Project Street Address:
Brief Project Summary:

<b>SECTION IV-PROJECT TIME-LINE</b>	
Secure all financing by:	Break ground/lease by:
Begin production by:	Achieve full production by:

**SECTION V-PROPOSED PROJECT BUDGET**

USES OF FUNDING (Real Estate, Construction or Renovation Work Cap, Training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	CDBG	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:	
					\$
					\$
					\$
					\$
					\$
<b>TOTAL</b>	\$	\$	\$	\$	\$

**\*Please provide the following for the sources listed above (attach additional as necessary)**

Source	Source Name:	Contact Name:	Contact Title	Email Address	Phone Number
1.					
2.					
3.					

**SECTION VI-PROJECTED EMPLOYMENT**

(Funding is Based on Full Time Equivalent Positions Only)  
(Additional Supporting Documentation Required: SEE ATTACHMENT E)

Created Position Title	Avg. Starting Hourly Wage	Job Hours / Week	Number of Positions Created
<b>TOTAL</b>			

**SECTION VII-BUSINESS OWNERSHIP INFORMATION (unless publicly owned)**

Name: (First, Middle Initial, Last)	Phone Number	Personal Financial Statement Attached	Ownership %*
1.		<input type="checkbox"/> YES	%
2.		<input type="checkbox"/> YES	%
3.		<input type="checkbox"/> YES	%
All Others:			%

\*Personal Financial Statements are required for all owners with 20% or more. The City may review a Dun and Bradstreet report and delinquent tax filings on the applicant. The City may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.

100%

**SECTION VIII-LEGAL INFORMATION\***

	YES/NO
Has the applicant or any owner been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any owner ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any owner had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any owner have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property tax delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please attach a detailed explanation of any YES responses.**

**\*An Application will be deemed ineligible and denied based on the falsification of information**

**SECTION IX-SUMMARY OF HISTORICAL FINANCIAL INFORMATION**

FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

**SECTION X-SUMMARY OF PROJECTED FINANCIAL INFORMATION**

FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

**SECTION XI-CONSTRUCTION/RENOVATION COST ESTIMATES**

General Contractor			
Street Address			
City/State/Zip			
Item:	Name of Sub-Contractor	Amount	
Architect/Engineer Services:			
Excavation:			
Grading:			
Gravel:			
Blacktop/Concrete:			
Utility Extensions:			
Mason:			
Structural Steel:			
Carpenter:			
Lumber:			
Millwork:			
Cabinets:			
Roofing:			
Insulation:			
Plaster/Drywall:			
Windows:			
Awnings:			
Electric:			
Plumbing:			

TOTAL \$ \_\_\_\_\_

(Must equal "Total Project Cost" in Section V of application), excluding acquisition and machinery and equipment costs.)

**ATTACHMENT A  
SUPPORTING DOCUMENTATION**

**BUSINESS PLAN**

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan that fully describes the proposed project. The GBEDC reserves the right to require an up-to-date comprehensive business plan for all projects.

**COMPANY INFORMATION**

Check the appropriate box if the information is detailed in your business plan or attached

Business Plan DATED:  / /	Attached	INFORMATION NEEDED
<input type="checkbox"/>	<input type="checkbox"/>	History of the company's operations
<input type="checkbox"/>	<input type="checkbox"/>	Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company
<input type="checkbox"/>	<input type="checkbox"/>	Description of the market niche for the company's product or service
<input type="checkbox"/>	<input type="checkbox"/>	A detailed description of the proposed project including environmental remediation
<input type="checkbox"/>	<input type="checkbox"/>	Three years of historical financial statements that include: <ul style="list-style-type: none"> <li>• balance sheets</li> <li>• cash flow statements</li> <li>• income statements</li> <li>• accountant's notes</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Most recent quarterly financial statements if the year-end was more than 90 days prior to submission
<input type="checkbox"/>	<input type="checkbox"/>	Three years of financial projections that include: <ul style="list-style-type: none"> <li>• balance sheets</li> <li>• cash flow statements</li> <li>• income statements</li> <li>• detailed notes on all significant accounting assumptions used</li> </ul> The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs. (Not Applicable for those projects only looking for training funds)
<input type="checkbox"/>	<input type="checkbox"/>	All individuals that own 20% or more of the company must submit a signed and dated personal financial statement. A sample form is attached. Substitute formats are acceptable provided that the social security number of the individual is also included. (Not applicable for those projects only looking for tax credits).
	<input type="checkbox"/>	Copies of commitment letters outlining the terms of the other funding sources in the project budget.

**ATTACHMENT B  
APPLICATION AGREEMENT**

The applicant certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining a loan under the Beloit Gap Financing Loan Program, and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she/they are the owner(s) or contract owner(s) of the project property described in this application; or the lessee of project property with proof of owner consent to improve said property.

The applicant further certifies that the loan proceeds will be used only for the work and materials identified in this application, and that applicant will abide with all provisions and guidelines of the Beloit Gap Financing Loan Program.

The applicant authorizes the GBEDC to request and receive information required to verify company and owner financial statements, credit history, and business and property ownership status; and the disclosure of all information submitted in connection with this application, by and between the GBEDC and any lender agreeing to participate with applicant's loan through this program.

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**Signature of Applicant**

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**Name (print)**

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**Date**

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**Signature of Applicant**

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**Name (print)**

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**Date**

**ATTACHMENT C  
CERTIFICATION STATEMENT**

<i>THE APPLICANT:</i>		
1.	Certifies that to the best of its knowledge and belief, the information being submitted to the GBEDC is true and correct.	
2.	Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.	
3.	Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.	
4.	Certifies that the GBEDC is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).	
5.	Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.	
6.	Understands that unless it qualifies as trade secret, all information submitted to the GBEDC is subject to Wisconsin's Open Records Law.  The applicant requests that the GBEDC treat the following items as TRADE SECRET:	
		<u>Yes</u> <u>No</u> <u>NA</u>
A.	Personal financial statements.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B.	Personal or business tax returns.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C.	Historical business financial statements.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D.	Business financial projections.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E.	Plan or study to be funded by Commerce.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.	Business Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G.	Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If Section 6 is left blank then all information provided to the GBEDC will be open to examination and copying.		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Authorized Representative)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Authorized Representative)*

**ATTACHMENT D  
PERSONAL FINANCIAL STATEMENT**

*Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

ASSETS		LIABILITIES	
Cash (Schedule 1)		Secured Notes Payable (Sch. 5)	
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>EQUITY =(Total Assets – Total Liabilities)</b>	

INCOME:	CONTINGENT LIABILITIES:
Salaries/bonuses	Endorser/Co-maker/Guarantor
Dividends/interest	Legal Claims
Other:	Other:

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEGGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage Amt

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens or are you tax delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also certify that I have disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project. I also understand submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**ATTACHMENT E  
JOB CREATION SUMMARY**

*Please complete this form for EACH position created*

JOB TITLE: \_\_\_\_\_

AVERAGE STARTING HOURLY WAGE/SALARY RATE: \_\_\_\_\_

NUMBER OF FULL-TIME POSITIONS CREATED: \_\_\_\_\_

NUMBER OF PART-TIME POSITIONS CREATED: \_\_\_\_\_

JOB DESCRIPTION: *(describe typical duties)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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JOB REQUIREMENTS: *(experience required, education requirements, professional certifications, skills required)*

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