



City of Fort Lauderdale, Florida

"Venice of America"

SMALL BUSINESS LOAN PROGRAM APPLICATION

IN ACCORDANCE WITH THE PROVISIONS OF THE ADA, THIS DOCUMENT MAY BE REQUESTED IN AN ALTERNATE FORMAT. PLEASE CONTACT HOUSING AND COMMUNITY DEVELOPMENT AT (954) 828-4527.

III. BUSINESS INFORMATION:				
Legal Name of Business:		Fictitious Name <i>(if applicable)</i> :		
Business Location:		Business Mailing Address:		
Owner(s)/Principle(s)Name(s):		Owner/Principle's Mailing Address:		
Taxpayer Identification Number:	Business Website:	Business Phone:	Business Fax:	
NAICS Code / Industry Type:		Date of Incorporation:		
State of Business Incorporation:	Years Business Ownership:	Annual Sales: \$_____		
Business Type				
INDIVIDUAL <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	CORPORATION <input type="checkbox"/> Sub-S <input type="checkbox"/> C <input type="checkbox"/> LLC	PARTNERSHIP <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> LLC	OTHER <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> CRA <input type="checkbox"/> Franchise <input type="checkbox"/> Other _____	
Description of how funds will be used <i>(include a list of the items to be purchased, if applicable)</i> :				
Has the Applicant or any Guarantor or Co-applicant declared bankruptcy within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
Are there any state or federal tax liens filed against the Business Applicant or any Guarantor or Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
Ownership – Management Information				
<u>Name</u>	<u>Title</u>	<u>% Ownership</u>	<u># Years of Ownership</u>	<u># Years in the line of Business</u>

IV. APPLICANT(S) PERSONAL INFORMATION:

APPLICANT			CO-APPLICANT		
Full Name (First, Middle, Last):			Full Name (First, Middle, Last):		
Social Security Number:		DOB:	Social Security Number:		DOB:
Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Married		<input type="checkbox"/> Widowed	<input type="checkbox"/> Married		<input type="checkbox"/> Widowed
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Divorce	<input type="checkbox"/> Unmarried		<input type="checkbox"/> Divorce
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, are you a lawful permanent Resident Alien?		Alien Registration #:	If not, are you a lawful permanent Resident Alien?		Alien Registration #:
<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth (Country):	<input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth (Country):
Present Address (Street, City, State, Zip Code):			Present Address (Street, City, State, Zip Code):		
<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
# Years at this address: _____			# Years at this address: _____		
Mailing Address if different from Present Address:			Mailing Address if different from Present Address:		
Previous Address (Street, City, State, Zip Code):			Previous Address (Street, City, State, Zip Code):		
Current Employer <input type="checkbox"/> Self-employed			Current Employer <input type="checkbox"/> Self-employed		
From _____ To _____			From _____ To _____		
Job Title and # Years in This Line of Work:			Job Title and # Years in This Line of Work:		
<p>It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied. If you answer “yes” to any of the questions below, please furnish details on a separate sheet. Include dates, location, fines, sentences, whether misdemeanor or felony dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. You will be required to give City of Fort Lauderdale authorization to search for criminal records.</p>					

THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION

1. A business plan which describes the market, applicant capacity, a brief history and description of the company (*including the founding of the company*), overview of operations, product information, customer base, method and area's of distribution, primary competitors and suppliers.
2. A list of general and limited partners, officers, directors and shareholders of the company. Please provide a resume for all the principals and key management.
3. Financial statements for the last two years (*Profit and Loss Statement and a Balance Sheet*)
4. Corporate income tax returns for the last two years (*personal returns may also be requested*).
5. If the most recent business return and/or financial statement is more sixty (60) days old, please submit a current Interim Financial Statement.
6. Three most recent Bank Statements
7. Three year financial pro formas which include operating statements, balance sheets, funding sources, and use details.
8. Copy of fictitious name registration (*if applicable*).
9. Copy of IRS determination letter as a non-profit organization (*required for all non-profit organizations*).
10. Signed copy of resolution or minutes from the meeting of the governing body authorizing submission of the application.
11. Please provide two separate lists detailing the existing jobs on your payroll and the new jobs to be created (*within the list please provide the job title of each position, a brief description of each position, annual salary for existing and new positions and the industry average salary for those positions*). SEE EXHIBIT 2
12. If machinery and equipment are being purchased with loan proceeds, provide a list of all the items to be purchased, with quotes on vendor's letterhead. Include a statement from the manufacturer, attesting to the economic life of the equipment.
13. If business is a franchise, include a copy of the franchise agreement.
14. Copy of sales/purchase agreement when purchasing land or a building (*or an executed lease if applicable*).
15. If project involves construction, please provide cost estimates, preliminary plans and specifications.
16. Provide details regarding any credit issues, bankruptcies and lawsuits by any principal, owning 20% or more of the business.
17. Please sign and submit EXHIBIT 1 (*Credit Check Release*).
18. By-Laws and Articles of Incorporation
19. The names of all affiliates and/or subsidiary companies, and their previous three (3) years financial statements and Interim Financial Statements if the financial statements are more than sixty (60) days old.
20. Attach a street map showing the location of the proposed project.
21. Letter from the Planning & Zoning Department, documenting compliance and approving the proposed project with zoning and land use designations.
22. Copy of documents providing firm evidence that all funds are in-place to fully fund the project.
23. Identification and qualifications of project development team (*i.e., attorney, engineer, architect, general contractor, etc.*).
24. Copy of Environmental Audit Phase 1 (*if applicable*).
25. Copy of Appraisal Report (*if applicable*).
26. Bank Commitment Letter(s) detailing the conditions of the loan application.
27. Developers Commitment Letter (*if applicable*).
28. Copy of all licenses needed to legally operate the business.

APPLICANTS CERTIFICATION

By my signature, I certify that I have read and understand the application, criteria and program requirements. I further certify that all the information I (we) supplied is correct and accurate. All of the owners of the company/organization (*regardless of ownership percentage*) are aware of this loan and are in full agreement with the business securing financing for this project. My (our) signature(s) represent my (our) agreement to comply with the City of Fort Lauderdale and the Department of Housing and Urban Development, as it relates to this loan request.

Each Proprietor, General Partner, Limited Partner and Business Owner, owning 20% or more must sign below. For all Non-Profit Organizations, all guarantors must be approved by Housing & Community Development.

Business Name: _____

By: _____
Signature and Title Date

Guarantors:

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

Signature and Title Date

CREDIT CHECK RELEASE FORM

CITY OF FORT LAUDERDALE SMALL BUSINESS LOAN PROGRAM

EXHIBIT #1

I authorize the City of Fort Lauderdale to obtain such information (*from any source necessary*), as the City may require concerning statements made in the application for the Small Business Assistance Loan Program (*including but not limited to, obtaining a copy of my credit report, current loan status reports and financial information from any Bank/Lender assisting in the funding of this project*).

PLEASE NOTE: Each Proprietor (if a Sole Proprietorship), General Partner (if Partnership), Limited Partner (if Partnership), Officer, Director and Business Owner (owning 20% or more of the business), must complete this Credit Check Release Form. For all Non-Profit Organizations, all guarantors must complete this form and be approved as guarantors by Palm Beach County.

First Name: _____ Middle: _____ Last: _____

Social Security No.: _____ Date of Birth: _____

Driver's License (State and Number): _____

Home Phone No.: _____ Other No.: _____

Current Home Address (*PO Boxes not accepted*): _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____

***ORIGINAL SIGNATURES REQUIRED**

