

Montpelier Business Loan Fund Application Abstract

1. NAME OF BUSINESS: _____
OWNER (S): _____
How long has the business been in existence? _____ Years _____ months

2. Where is/will the business be located (Town and Street address)? _____

3. Briefly describe the business you currently operate or want to establish. _____

4. What sources of funds will be used to fund the activity(ies)? Attach additional sheets if necessary.

<u>EXISTING SOURCE(S):</u>	<u>TERMS:</u>	<u>AMOUNT:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

<u>PROPOSED SOURCE(S):</u>	<u>TERMS:</u>	<u>AMOUNT:</u>
MBLF _____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Check the activity(ies) below which the CVRLF loan would fund.

- | | |
|--|--|
| <input type="checkbox"/> working capital | <input type="checkbox"/> inventory |
| <input type="checkbox"/> real estate acquisition and/or improvements | <input type="checkbox"/> start-up expenses |
| <input type="checkbox"/> acquisition of machinery and equipment | <input type="checkbox"/> construction |
| <input type="checkbox"/> Other (describe): _____ | |

6. Has application for loan funds been made elsewhere? _____ yes _____ no
Where? _____ What is the status? _____

7. Has a market study been completed? _____ yes _____ no. If yes, when? _____

8. Has a business plan (3 years) been completed? _____ yes _____ no. If yes, when? _____
What technical assistance providers were used in developing the plan?

9. What is the status of state, local, and federal permits required for your activity?
_____ Applied for _____ Obtained _____ Need to Apply _____ N/A

10. Is the business current on local, state, and federal tax payments and municipal service charges?
_____ yes _____ no If no, explain: _____

11. Who are/will be principals of the business? Attach a separate sheet if necessary.

Name: _____

Address: _____

Name: _____

Address: _____

12. Have any of the principals of the business filed for bankruptcy? _____ Yes _____ No. When? _____

13. Have any of the principals been convicted of a felony within the past three (3) years?
_____ Yes _____ No. When? _____

14. How many jobs are expected to be created or retained as a result of the activity?

	# Full Time Positions	# Part Time Positions	Total Full Time Equivalent Positions
Retained			
Created			

PERSON COMPLETING THIS ABSTRACT: _____

TITLE/RELATIONSHIP TO BUSINESS: _____

ADDRESS AND TELEPHONE NUMBER: _____

The applicant shall be responsible for all information provided to the City of Montpelier. Signing authorizes the City of Montpelier and its Servicing Agent to collect information related to the signers from time to time, including but not limited to, credit reports from credit reporting agencies. As the applicant, I certify that the representations set forth above are true and correct. Further, I recognize that any inaccurate or misleading information provided by me will be sufficient cause for the City of Montpelier to deny or terminate consideration of my application.

Applicant's Signature _____ Date _____

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To be completed by the City of Montpelier

DATE RECEIVED: _____

ACTION\DATE: Eligible: _____ Ineligible: _____ Incomplete: _____

WRITTEN NOTIFICATION SENT: _____