



**SUNRISE COUNTY
ECONOMIC COUNCIL**

APPLICATION FOR FINANCING

INSTRUCTIONS

Please complete this application and provide the information requested on the business plan checklist. Financing needs are reviewed by SCEC staff and the loan committee. Initial response to a request is made within 10 days; closing may take up to 90 days.
All materials submitted to SCEC in connection with your loan application shall become the property of SCEC, unless otherwise requested and shall be retained or destroyed in accordance with SCEC's file retention policy.

Down East Commercial Fisheries Fund (DECFF)

All information is strictly confidential.

DECFF Loan Fund: _____ Start-up (\$1000-\$2500) _____ Growth Business (\$2500-\$10,000)

INFORMATION ABOUT YOU:

Name: _____ Telephone: _____

Address: _____ County: _____

City, State, Zip: _____

Soc. Sec. #: _____ Year of Birth: _____

How did you hear about this loan program? _____

INFORMATION ABOUT YOUR BUSINESS:

Name of Business: _____

Business Address: _____

City, State, Zip: _____

Telephone: _____ Cell: _____ Email: _____

Business Structure: Sole Proprietorship _____ Partnership _____ S Corp _____ C Corp _____
LLC _____ Other _____

Date Established: _____ IRS Employer Tax I.D. #: _____

Fishing License(s) held and species landed: _____

SUMMARY OF COLLATERAL:

<u>Present Market Value</u>	<u>Outstanding Debt or Leases</u>
Land & Bldgs _____	
Inventory _____	
Accts. Receivable _____	
Machinery/Equipment _____	
Furniture & Fixtures _____	
Other _____	
Total Collateral \$ _____	

BUSINESS EMPLOYMENT AND BENEFITS:

Current Employment:	# Full-Time _____	# Part-Time _____
Minimum Starting Wage:	Full-Time \$ _____	Part-Time \$ _____
Projected Job Creation:	# Full-Time _____	# Part-Time _____
Projected Job Retention	# Full-Time _____	# Part-Time _____
Monthly Company Contribution to Health Insurance:	% of Employee Benefits _____ %	% of Dependent Benefits _____ %

FT Worker Benefits:
(check all that apply)

Paid Holidays _____	Paid Vacation _____	Paid Sick Days _____
S/T Disability _____	L/T Disability _____	Pension _____
Profit-Sharing _____	Health Ins. _____	Dental Ins. _____
Child Care _____	Education _____	Life Insurance _____
Vision Ins _____	Flex Time _____	Med Savings _____

The processing of your loan may require that an investigative consumer report be made. You may request and receive from us any name, address, and telephone number of each consumer reporting agency issuing an investigative consumer report about you. If we receive such a request from you, we will provide this information to you within five (5) business days. You may then request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

I/We understand that by signing this application I/we authorize SCEC to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. SCEC will maintain the confidentiality of this information and it will not be released without authorization.

We also give permission to the Sunrise County Economic Council to share information contained in this loan application with other lenders and financial institutions involved in this specific loan package to obtain underwriting assistance, share financial information and documents, and/or other aspects of this application not specifically mentioned within.

If Applicant is proprietor or general partner, sign here.

Date

If Applicant is a corporation, sign below.

Corporate Name

Signature of President or duly authorized officer
Certifications:

Date

The undersigned certifies that the business applying for funds from the Down East Commercial Fisheries Fund is at least 51% owned by those who are Citizens of the United States or reside in the United States after being legally admitted for permanent residence. If a sole proprietorship, the undersigned is a Citizen of the United States or resides in the United States after being legally admitted for permanent residence.

Signed

Print Name

Date

The undersigned (Borrower and Sunrise County Economic Council) agree that there is no conflict of interest between the two parties.

Borrower		Lender: Harold W. Clossey, SCEC Loan Officer
Signed	Date	Signed Date

The undersigned agrees that there is no other credit available at reasonable rates and terms or from applicant's own resources. The application will be asked to provide evidence from the lending institute, as applicable.

Signed	Date
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Pursuant to the Debt Collection Improvement Act of 1996, the undersigned applicant agrees to the following:

Neither the applicant nor any stockholder or partner owning 20% or more in the applicant are delinquent on any federal indebtedness.

Signed _____

Print Name	Date
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