

# LEWIS COUNTY DEVELOPMENT CORPORATION

## SMALL BUSINESS REVOLVING LOAN FUND



### Application for Financial Assistance

Lewis County Development Corporation

7551 S State Street

Lowville, NY 13367

315-376-3014

[www.naturallylewis.com](http://www.naturallylewis.com)

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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:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Proprietorship            | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership      |
| <input type="checkbox"/> C-Corporation             | <input type="checkbox"/> S-Corporation       | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 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
<b>Total New Jobs Created:</b>					



**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:

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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:

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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