



DOUGLAS COUNTY REVOLVING LOAN FUND APPLICATION

BUSINESS NAME _____

ADDRESS _____ ZIP CODE _____

CONTACT PERSON _____ EMAIL _____

PHONE _____ FAX _____ CELL _____

FEDERAL I.D. # _____

PERSON COMPLETING APPLICATION: _____

SIGNATURE _____ TITLE: _____

RELEASE OF INFORMATION AND CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby give permission to Douglas County Revolving Loan Fund (DCRLF) to research the company's history, make credit checks, contact the company's financial institution, and perform other related activities necessary for reasonable evaluation of this proposal. I understand that all information submitted to the County relating to this application is subject to the Open Records Law and that confidentiality cannot be guaranteed. I hereby certify that all representations, warranties or statements made or furnished the County in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Illinois law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring economic development assistance from a state agency or political subdivision.

SIGNATURE OF COMPANY OFFICER: _____

DATE: _____

NOTE: The DCRLF will not provide assistance in situations where it is determined that any representation, warranty or statement made in connection with this application is incorrect, false, misleading, or erroneous in any material respect. If assistance has already been provided by the County prior to discovery of the incorrect, false, or misleading representation, the County may initiate legal action to recover County funds.

DATERECEIVED: _____ BY: _____
(initials)

Please feel free to attach additional pages and/or documentation as necessary.

9. WHAT IS THE ESTIMATED ANNUAL PAYROLL FOR THE NEW EMPLOYEES RESULTING FROM THIS PROJECT?

Year One: _____ Year Two: _____ Year Three: _____
Cumulative Cumulative
(if applicable)

10. WHAT IS THE AVERAGE WAGE RATE (not including fringe benefits) PROJECTED TO BE FOR THE NEW EMPLOYEES?

11. WILL ANY OF YOUR CURRENT EMPLOYEES LOSE THEIR JOBS IF THE PROJECT DOES NOT PROCEED?

NO YES (why?) _____

12. WHAT OTHER DOUGLAS COUNTY COMPANIES COULD BE CONSIDERED YOUR COMPETITORS?

13. HOW WILL THIS PROJECT BENEFIT DOUGLAS COUNTY AND THE COMMUNITY? (i.e., new jobs, payroll, economic diversification, capital investment, real estate tax, sales tax, utility tax)

14. WHAT FORM OF INVESTMENT WILL THE BUSINESS CONTRIBUTE TO THE PROJECT? PLEASE EXPLAIN CLEARLY. (i.e., direct cash investment, existing equity, new equipment)

15. IDENTIFY ALL AGENCIES OR INSTITUTIONS INVOLVED IN THE PROJECT AND WHAT THEIR INVOLVEMENT IS:

16. EXPLAIN WHY ASSISTANCE IS NEEDED FROM THE DCRLF AND WHY IT CANNOT BE OBTAINED ELSEWHERE (i.e., financing gap, rate of return, location, lower rate)

17. EXPLAIN REQUEST FOR SPECIFIC TYPE OF ASSISTANCE (forgivable loan vs. loan, etc.) IF MARKET RATE LOAN IS NOT SUFFICIENT, EXPLAIN WHY:

18. WHAT TYPE OF SECURITY AND IN WHAT AMOUNT WILL THE BUSINESS PROVIDE THE DCRLF? IF NO SECURITY IS OFFERED, AN EXPLANATION MUST BE PROVIDED.

Mortgage on _____ \$ _____
What seniority or position? _____

Lien on _____ \$ _____
What seniority or position? _____

Personal Guarantee: _____
Other: _____
None: _____ Explain: _____

19. GENERALLY A DECISION ON THIS APPLICATION BY THE PLANNING & DEVELOPMENT COMMITTEE OF THE COUNTY BOARD CAN BE EXPECTED WITHIN 30 DAYS OF RECEIPT OF THE APPLICATION. IS THERE AN URGENT NEED FOR A MORE IMMEDIATE DECISION? (1-2 weeks)

NO YES (why?) _____

20. HAS THE BUSINESS BEEN CITED OR CONVICTED FOR VIOLATIONS OF ANY FEDERAL OR STATE LAWS OR REGULATIONS WITHIN THE LAST FIVE YEARS? (including environmental or safety regulations)

NO YES (please explain) _____

APPLICATION CHECKLIST

The following attachments are required for a complete application. Please use this list to ensure that all items required are submitted. If any item is not submitted, please attach explanation.

- List of employment positions/classifications and hourly rates for each current job.
- List of employment positions/classifications and hourly rates for each new job to be created (e.g., 5 welders, 3 sales, 2 clerical).
- Description of standard fringe benefits provided to the employees.
- Copies of the company's Quarterly Wisconsin (or other state) "Employers Contribution and Payroll Report" for the past year.
- Copy of the most recent monthly payroll register.
- Business plan (if new business).
- Marketing plan (if new business).

- Letter of commitment of funds (from banks, applicant, etc.).

- Profit & Loss Statements (3-year historical and 2-year projections).
- Balance sheets (3-year historical and 2-year projections, including aging accounts receivable schedule, aging accounts payable schedule and a schedule of other debt).
- Certification of good standing from the Wisconsin (or other state) Secretary of State or an authorization to conduct business in Wisconsin.
- Certificate of incumbency listing the current board of directors and current officers if a corporation, or a listing of the general partners if a partnership.
- Corporate signatory authorization naming an officer to execute loan documents, if approved.

- Cost Estimates of construction, machinery and/or equipment (if construction or equipment upgrades are required).

- Federal Identification Number
- Become Member of Development Association
- Personal Financial Statement
- Personal Tax Return - 3 Years
- Business Tax Return - 3 Years - If Applicable

Please download this application to submit.

Fax completed application to: 715-942-0312 - Attention: Jim Caesar or

Email a scanned copy to info@wegrowbiz.org or

Mail to: The Development Association 205 Belknap Street - Superior, WI 54880