



a healthy place to grow a business to grow a family a healthy place to be

Essex County Industrial Development Agency

USDA – Rural Development

Community Revolving Business Loan Program Application

Contact: Carol Calabrese Essex County IDA 7566 Court Street P.O. Box 217 Elizabethtown, New York 12932 Office: 518-873-9114 Fax: 518-873-2011 Email: ccalabrese@essexcountyida.com

This institution is an equal opportunity provider, employer, and lender.

Draft: August 25, 2020

CHECKLIST OF SCHEDULES

	Not	Not	
Included	Included	Applicable	List of Schedules
			Schedule A – Application Information and Certification
			(including Principals and Officers with Resumes)
			Schedule B – Background Information: Bankruptcy,
			Litigation and Felony History
			Schedule C - Budget - Project Costs and Financing Sources
			Schedule D – Employment Plan
			Schedule E – Outstanding Debt Details
			Schedule F – Security Collateral
		1	Schedule G – Business Plan
		Schedule H – Profit & Loss Statements for	
			for existing businesses through the most recent months
			available, but in no case more than three months prior to the
			application date and 3 years of tax returns.
			Schedule I – Projected Profit & Loss, monthly Cash Flow
			Statements and Balance Sheet for three years following the
			completion of the project
			Schedule J – Aging Accounts Receivable and Payable
			Schedules
			Schedule K - Business or Residential Relocation
			Schedule L – Financial References
			Schedule M – Project Property Tax Information
			Schedule N – Additional Information (as applicable)
			Schedule O – Bank Declination
			Schedule P - Certifications Regarding Disbarment(s) and
			Disclaimers
			Schedule Q – Copy of DBA, Partnership Papers or
			Incorporation Agreement
			Schedule R – Declarations
			Schedule S - Personal Financial Statement, Credit
			Authorization Form and three years Federal Tax Returns &
			Schedule C - Each person owning more than 20% or more in
			the company and any other person or entity providing
			guarantee on loan must complete.
			Schedule T – Form IA "Race /Ethnicity Disclosure"

<u>Schedule A</u> APPLICATION INFORMATION

General Information

Name of	
Applicant	
Address	
Contact Person	Federal ID#/SS#
Telephone:	Fax: e-mail
Nature of	
Business	
DUNS #	

Legal Status

	Light Startas	
Corporation	Limited Liability Company	Limited Partnership
Partnership	Limited Liability Partnership	Sole Proprietorship
Other (specify)		
Date Established	State	

Principals & Representatives of Applicant

Names(s) of	Principal(s) / Owner (s)	Title		Ownership Percentage
Attorr	ney for Applicant	Acc	ounta	ant for Applicant
Firm Name		Firm Name		
Address		Address		
Telephone		Telephone		

Dollar Amount of	\$ Loan Purpose	
Loan Request		
Loan Term		
Requested		
Interest Rate		
Requested		

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

<u>Schedule B</u> Background Information

	Yes	No
Is the Company presently the subject of any litigation, or is any		
litigation threatened, which would have material adverse effects on the		
Company's financial condition?		
Is the Company delinquent on any NYS, Federal or local tax obligations?		
Is the Applicant delinquent in the payment of any loans?		
Has the Applicant been declared in default on any of its loans?		
Has the Company or any or affiliates ever been involved in		1
bankruptcy, a creditor's rights or receivership proceeding, or sought		
protection from creditors?		
Has the company ever settled debt with a lending institution for less		
than the full amount outstanding?	N	
Are there currently any unsatisfied judgments against applicant?		
Are there currently any unsatisfied judgments against any principal of		100
the Company		
Has the Company or any of its affiliates, been cited for a violation of		
federal, state or local laws or regulations with respect to labor		
practices, hazardous wastes, environmental pollution or other		
operating practices?		
Has any senior manager or principal of the company ever been		
convicted of any felony or misdemeanor, other than a minor traffic		
violation, or are any such charges pending?		
Is the Company delinquent on any New York State, Federal or local		
tax obligations?		
Are there any outstanding judgements or liens pending against the		
Company other than liens in the normal course of business?		
NOTE: If your answer is "YES" for any of the above questions, please		
provide an explanation below.		
Explanations:		

I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief

Signature

Date <u>Schedule C</u> Budget – Project Costs and Financing Sources

Summarize the status of any proposed project financing identified in the "Sources of Funds" column, including status of other applications, sources of equity capital, etc.

Project Costs			Source of Fur	ıds	
	Owner Equity	IDA	Bank	Other	TOTAL
Property Acquisition	\$	\$	\$	\$	\$
Renovations	\$	\$	\$	\$	\$
Machinery /Equipment	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$
Fixtures/Furniture/Equip	\$	\$	\$	\$	\$
Professional Fees	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$
Status of Financing:					

<u>Schedule D</u> Employment Plan

Please list the company's total current employment and projected new hiring resulting from this proposed project for each of the next three years?

Please Note benefits available to employees:

Job Title	Full	Part	Annual	Current	Year 1	Year 2	Year 3	Total
	Time	Time	or		Jobs	Jobs	Jobs	Jobs to
			Hourly		Created	Created	Created	be
		10.	Wages					Created
		- X - T						-
							1	ine a s
						11 fee	1.000	-
	-			-			10.00	
					9			- ²
				-				
2012	×							i.
TOTAL:								

<u>Schedule E</u> Outstanding Debt Details

Debt Type 1	Installment	Mortgage	Lease	Other		
	Loan					
Lender:						
Origination Da	ite:	Maturity Date:				
Terms (Months):		Interest Rate:				
Original Amou	int:	Current Balance: \$				
Monthly Payment: \$		Current:	Yes:	No:		
Collateral:						

Debt Type 2	Installment	Mortgage	Lease	Other		
	Loan					
Lender:						
Origination Da	ate:	Maturity Date:				
Terms (Month	s):	Interest Rate:				
Original Amou	int:	Current Balance: \$				
Monthly Payment: \$		Current:	Yes:	No:		
Collateral:						

Debt Type 3	Installment	Mortgage	Lease	Other	
~	Loan				
Lender:					
Origination Da	ate:	Maturity Date:			
Terms (Months):		Interest Rate:			
Original Amou	int:	Current Bala	nce: \$		

Monthly Payment: \$	Current:	Yes:	No:
Collateral:			

(Use additional copies of this sheet if necessary)

<u>Schedule F</u> Security Collateral

List any additional collateral (such as land, buildings, machinery, equipment) available for security. Indicate cost, net book value (cost less depreciation), an estimate of present market value and present loan balance. For each item of collateral listed, provide a description of all associated liens thereon.

Land or Real Estate

Description	Location	Cost	Est.	Est.	Present	Liens (Identify
			Book	Market	Loan	Lien Holder)
			Value	Value	Balance	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

Machinery or Equipment

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)
		\$	\$	\$	\$	
		<u> </u>		Ť	Ψ	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

Other Tangible Assets

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)
		1	value	value	Balance	

\$	\$ \$	\$
\$	\$ \$	\$
\$	\$ \$	\$
 \$	\$ \$	\$

	Business Plan
Description of Business	 Describe the business including history if an existing business. Please be sure to include descriptions of the following: Type of Busines Status of Business When did (will) it start Hours of Operation Who are your customers Why your business is successful (will succeed) Seasonal fluctuations in sales and employment Include significant developments in operations and financial conditions. Indicate current number and titles of employees for business startups, describe how the background of the principals will contribute to the success of the new business. If applicable, indicate the names and addresses of all concerns that may be parent companies, subsidiaries, or affiliates of the business including concerns in which the business, or any of its principals, hold an interest
Location of Business	greater than twenty (20%) percent. Describe the location of the business and be sure to include information about the following: • physical address of business
	 Is site leased or owned Physical features and characteristics of the site including size and use of space Description of neighborhood and surrounding businesses Any renovations needed The reason for choosing this location.
Management	 Describe the business background, management experience, and education for each key partner or key manager with 20% or greater interest in the business. Include both formal and informal learning experience which have a bearing on your managerial abilities. Include a description of the following: Why this type of business was chosen Direct operational and/or managerial experience in this type of business Organizational structure (including a description of who does what) Time devoted to running the business Local resources available to management.
Market	 Describe in detail: Who exactly is your market Were your market is located Present size and growth potential of the market The price you anticipate getting for your product or service. Include information on how you will attract and keep your segment of the market (including advertising) How you will promote your product or service Trends in your industry Future goals How the business can expand.

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<u>Schedule G</u> Business Plan

54 	Describe business objectives in terms of production, sales, and earnings for the proposed business or project. An emphasis should be placed on describing the specific marketing actions that the business will take to meet its projected earnings in its competitive environment. Include letters of intent from prospective suppliers or any firm contracts for your business. This schedule should be supported by the projections contained in later schedules.
Competition	Describe in detail who your competition is and include information on the following:
- 72	What products/services they offer
	Where their business and market are located
¢%	• What their reputation or image is
	• What their marketing strategies are and how their business is doing.
	• Also discuss how your operation will be different and what you have learned from watching them.

<u>Schedule H</u> Profit & Loss Statements

- For existing businesses, provide profit and loss statements and balance sheets for the last three fiscal years.
- Statements must include or be accompanied by separate expense schedules for Cost of Goods Sold, Selling and General Administrative Expenses, including depreciation, salaries, and dividends.
- If the most recent available statements are more than ninety (90) days old, interim statements must be provided. Where the business exhibits a degree of financial distress, an aging of accounts payable and receivable should be provided.
- Provide business income tax returns for the last three years.

Schedule I

Projected Profit & Loss, Monthly Cash Flow Statements and Balance Sheet

- Provide projected balance sheet, profit and loss and monthly cash flow statements for three years following the completion of the project
- Statement must include projected interest payments and depreciation expenses.
- Describe assumptions on which projections were based.
- The projections should be supported by and be relevant to the narrative contained in Schedule F.

Schedule J Aging Accounts Receivable and Payable Schedules

<u>Schedule K</u> Business or Residential Relocation

Will the proposed project result in any business or residential	Yes	No	ĺ
relocation?	al a		

Financial References Provide the following information on three (3) current customers/clients Name Phone Address Contact Person Name Phone Address Contact Person Name Phone Address Contact Person Name Phone Address Contact Person

<u>Schedule L</u> Financial References

Schedule M Project Property Tax Information

What are the project changes in the property tax revenues resulting from the project?				
Current Projected				
Village	\$	Village	\$	
Town	\$	Town	\$	
School	\$	School	\$	
County	\$	County	\$	
Total	\$	Total	\$	

Schedule N Additional Information (As Applicable)

Documentation of project costs including vendor quotes, buy/sell agreements, binding options to purchase engineer's or contractor's estimates, appraisal for realty to be acquired, etc.

- Documentation of other required financing including bank and other public lending agency commitment letters, bond inducements and evidence of availability and commitment of cash equity requirements.
- □ For projects involving real estate acquisition an /or development evidence of site control or current ownership in the form of a binding option, sale agreement, deed, etc.
- Any other information which may serve to document the information provided with this application or which may affect a credit decision by the lender.

Schedule O Bank Declination

Please submit a bank declination letter and/or documentation of financial "gap" in project financing

Schedule P

Certifications Regarding Disbarment(s) and Disclaimers

Schedule Q

Copy of DBA, partnership Agreements or Incorporation Agreement

Schedule R Declarations

I (we) authorize the Essex County IDA to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against the Essex County IDA and its consultants.

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Essex County IDA and may be a felony under the laws of New York State.

Signature		Date
Print Name	Print Title	
Signature		Date
Print Name	Print Title _	
Signature STATE OF NEW YORK, COUNTY OF		Date
On the day of, 20 for the State, personally appeared basis of satisfactory evidence to be the individual instrument and acknowledged to me that he/she/t that by his/her/their signature(s) on the instrument the individual(s) acted, executed the instrument.	, personally l(s) whose name(hey executed the	known to me or proved to me on the s) is (are) subscribed to the within same in his/her/their capacity(ies), and
		Notary Public
STATE OF NEW YORK, COUNTY OF	: ss	roui y r uono
On the day of, 20 for the State, personally appeared basis of satisfactory evidence to be the individua instrument and acknowledged to me that he/she/t that by his/her/their signature(s) on the instrument the individual(s) acted, executed the instrument.	l(s) whose name(they executed the	s) is (are) subscribed to the within same in his/her/their capacity(ies), and
		Notary Public

Schedule S Personal Financial Statement & Credit Authorization Form

- Each person owning more than 20% or more in the company and any other person or entity providing guarantee on loan must complete.
- Each person must also include three years Federal Tax Returns & Schedule C

ESSEX COUNTY INDUSTRIAL DEVELOPMENT AGENCY BUSINESS LOAN FUND

CREDIT AUTHORIZATION

Date:

In connection with my application for a business loan through the Essex County Industrial Development Agency Loan Fund, I hereby authorize you to investigate my credit worthiness as part of the loan review process.

Name:		
Social Security Number:		
Date of Birth:		
Current Address:		
Spouse's Name:		

Printed Name

Date

Signature

Title

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISRATION

As of

,20

Complete this form 1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name:	Business Phone:	Home/Cell:	
Residence Address: Physical, P.O. Bo	ox, City, State, Zip		an ann
Business Name of Applicant / Borrow	ver:		

ASSETS	In Dollars (omit cents)	LIABILITES	In Dollars (omit cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payment \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payment\$	\$
Life Insurance-Cash Surrender Value (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$		\$
Other Assets (Describe in Section 5)	\$		
TOTAL ASSETS:	\$	TOTAL LIABILIES:	\$
	NET WORTH: \$		

Section 1. Source of		Contingent Liabilities	
Income (Annual)			
Salary:	\$	As Endorser or Co-	
		Maker	
Net Investment Income		Legal Claims &	
		Judgements	
Real Estate Income		Provision for Federal	
		Income Tax	
Other Income	5. E	Other Special Debt	
(Describe Below)*			
Description of Other Inc	ome in Section 1:		· · · · · · · · · · · · · · · · · · ·
-			

Alimony or child support payment need not to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2 Notes Paya	able to Bank and	nd Others			
(Use attachments if nece	essary. Each A	ttachment mu	ist be identifi	ied as a part of th	is statement and signed.)
Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

ocks and Bonds				
nts if necessary.	Each attachmer	nt must be identified as	part of this statement ar	nd signed).
Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
	nts if necessary. Name of	its if necessary. Each attachment Name of Cost	Its if necessary.Each attachment must be identified asName ofCostMarket Value	Its if necessary. Each attachment must be identified as part of this statement arName ofCostMarket ValueDate of

Section 4 Real Estate Ow	vned		
(List each parcel separatel this statement and signed)	y. Use attachments if neces	sary. Each attachment mus	st be identified as part of
this statement and signed)	Property A	Property B	Property C
Type of Property	Hoperty A	Toperty D	
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5 Other Personal Property and Other Assets

(Describe, and if any is pledged as security, state name and address lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6 Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches)

Section 7. Other Liabilities (Describe in detail)

Section 8. Life Insurance Held (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries).

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number:

Signature: _____ Date: Social Security Number:

PLEASE NOTE: The estimated burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief Administrative Branch, U.S.

Schedule T Form IA Race / Ethnicity Discloser

Signature of Applicant

Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicant 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 / Alaskan Native____ Asian____ Native Hawaiian or Other Pacific Islander____

Gender: Male ____ Female____