

CITY OF PLATTSBURGH
ECONOMIC DEVELOPMENT REVOLVING LOAN PROGRAM
APPLICATION

APPLICANT INFORMATION:

Applicant's Name: _____
Business Name: _____
Business Phone: _____
Cell Phone: _____

Residence

Address: _____

Business

Address: _____

Type of Business and Ownership:

I am applying for loan to:

- start a new business
- expand an existing business
- renovate housing for low to moderate income persons
- I will be the sole owner of the business
- The business will be owned with others
- I will do business as:
 - a sole proprietor
 - corporation
 - partnership
 - limited liability company

Job Creation:

If I am not considered a low to moderate income person, I understand I must create one full time job for a low or moderate income person for every \$25,000 I borrow.

I have ___ full time employees now.

I will hire or add _____ full time employees within 6 months of business startup.

Loan Request:

The total estimated cost of starting or expanding my business is \$_____ dollars.

I am applying for a loan in the amount of \$_____ dollars.

I understand that I cannot spend more than \$2,000 of the city loan for improvements to commercial property without paying federal prevailing wage rates.

I intend to use the loan money for the following business expenses:

USE	TOTAL COST	OWNER FUNDS	CITY LOAN	OTHER LOAN	TOTAL
Real estate purchase					
RE improvements					
Equipment					
Inventory					
Working Capital					
Other (specify)					

OTHER INFORMATION REQUIRED:

This is a list of some of the information and documents required to process the loan application. Additional documentation may be required.

	Required	Submitted
business plan		
monthly income and expense statement		
assets and liabilities		
personal credit report with score		
personal tax returns (3 years)		
business tax returns (3 years)		
business organizational documents		
proof of value of collateral		
proof of other financing, if required		

PRIMARY BANK ACCOUNT

NAME _____

ADDRESS _____

CONTACT _____ TEL. NO. () _____

ATTORNEY

NAME _____

ADDRESS _____

CONTACT _____ TEL. NO. () _____

ACCOUNTANT

NAME _____

ADDRESS _____

CONTACT _____

TEL. NO. () _____

I/WE CERTIFY THAT ALL INFORMATION CONTAINED HEREIN OR ATTACHED IS TO THE BEST OF MY/OUR KNOWLEDGE COMPLETE AND ACCURATE.

APPLICANT(S): _____

DATE: _____
