

REVOLVING LOAN FUND – LOAN APPLICATION

Mid-Missouri Regional Planning Commission 206 E. Broadway / P.O. Box 140 Ashland, MO 65010 Phone: 573-657-9779 Fax: 573-657-2829

Section 1: Applicant Information

Principal Applicant (refers to	proprietor, general p	artner, corporate office	e, member, etc.)		
Name:			Date o	of Birth:	
Phone:	Email:			SSN:	
Present Address:					
	ddress/PO Box Number	City		State	
How Long at Present Address:			County:		
If you have been at your curre	ent address less thar	n 3 years, please list y	your previous a	ddress below:	
Street Address/PO Box Number		City		State	e Zip Code
How Long at this Address:			County:		
Have you applied for credit wi If "YES", list when and under v		YES 🗆 NO 🗆 e:			
If you are currently employed list the name and address of t					g submitted, please
				Company Name	
Street Address/PO Box Number		City		State	Zip Code
Phone:	How long emplo	oyed:	Position:		
Supervisor's Name:	Mo	onthly Take Home Pa	y:	How Ofter	n Paid:
If you have been with your prohow long you were employed		•			r address, and for
		Employer			ow Long Employed
Street address/PO Box Number		City		State	Zip Code
Alimony, Child Support, or Sep as a basis for repaying this obl		Income need not be	e revealed if you	ı do not wish te	o have it considered
Alimony, Child Support, and/c	or Separate Mainten	ance received under	: (Mark One)		
Court Order:	□ Written A	Agreement: 🗆	Oral Underst	anding: 🗆	
Sources of Other Income:					
Amount of Other Income Rece	eived per month:				

Joint Applicant/Other Party (If applicable)

Name:		Date of Birth:			
Phone:	Email:			SSN:	
Present Address:					
Street Addi How Long at Present Address:	ess/PO Box Number	City	County:	State	Zip Code
Relationship to Applicant/Busir	ess (If any):				
Have you applied for credit with If "YES", list when and under w					
If you are currently employed s list the name and address of th				_	ubmitted, please
				mpany Name	
Street Address/PO Box Number Phone:	How long employed:	City		State	Zip Code
Supervisor's Name:					
supervisor's Name:		таке ноте Ра	y:	How Often Pa	aid:
Alimony, Child Support, or Sepa as a basis for repaying this oblig		me need not be	e revealed if you o	do not wish to ha	ave it considered
Alimony, Child Support, and/or	Separate Maintenance Written Agreer			nding: 🗌	
Sources of Other Income:	-			•	
Amount of Other Income Recei					
*Attach additional sheets for addit					
-					
Marital Status Complete only if applying for joint located in such a state. (Missouri is must be secured.)				-	
For the purpose of this application	"Unmarried" includes the	following: Single	e, Divorced, and/or	Widowed.	
Applicant: Marrie	d \Box Separated \Box	Unmarried]		
Other Party: Marrie	d 🗌 Separated 🗆	Unmarried]		
	ction 2: Business I			tity")	
Business Legal Name: Business Address:					
	ess/PO Box Number		City	State	Zip Code
Phone:	Fax:		Email:		
Year Business Established:	Federal Tax I	.D.:	NA	AICS Code:	
•	: General Par C Corporation D Limited Liab	on	🗆 Not Yet De	•	

Current and Projected Employment:

Current Employees: Projected Year 1:		ne (include current full-time employee ne	es only)		
Have you or any owners of the explain on a separate sheet.		been involved in bankruptcy or in YES NO	solvency proceedings?	lf yes, pl	lease
Are you or the business involv	ed in any pendii	ng lawsuits? If yes, please explain	on a separate sheet.	YES 🗆] NO □
Professional Services/Referer	ices:				
Bank:	Addre	ess:			
Contact:	Phone:	Street Address/PO Box Number Email:	City	State	Zip Code
Attorney:	Addre	255:			
Contact:	Phone:	Street Address/PO Box NumberEmail:	City	State	Zip Code
Accountant:	Addr	ess:			
Contact:	Phone:	Street Address/PO Box Number Email:	City	State	Zip Code
Insurance CO:	Addr	ess:			
Contact:	Phone:	Street Address/PO Box Number Email:	City	State	Zip Code

Section 3: Management Information

Complete for each principal with 20% or more ownership. If necessary, attach additional sheets. Identify each sheet as an exhibit to the appropriate section, sign, and date.

Owner #1

Name: ______ Title: ______ Ownership %: ____ SSN: _____

Source of Income	Contingent Liabilities	
Salary	\$ Endorser/Co-Maker	\$
Investment Income	\$ Legal	\$
	Claims/Judgements	
Real Estate Income	\$ Federal Income Tax	\$
Other, explain:	\$ Other, explain:	\$

Owner #2

Name: ___

	Title:	Owr	nership %: SSN:
Source of Income		Contingent Liabilities	
Salary	\$	Endorser/Co-Maker	\$
Investment Income	\$	Legal	\$
		Claims/Judgements	
Real Estate Income	\$	Federal Income Tax	\$
Other, explain:	\$	Other, explain:	\$

Section 4: Sources and Uses of Funds

List all sources and uses of financing, attach additional sheets if necessary.

USE OF FUNDS	COST
Equipment, Machinery, Supplies	
Leasehold Improvements	
Working Capital	
Business/Industrial Acquisition (with job creation and/or retention)	
Construction, conversion, enlargement, repair, or modernization of a building	
Furniture, Fixtures, & Equipment	
Purchase and development of land, easements, right-of-way, buildings, facilities, leases, or materials	
Cars, Trucks, Airplanes (if necessary to create and/or retain jobs)	
Reasonable fees/charges directly related to Loan (for services related to document preparation, consulting, etc.)	
Business relocation expenditures (if necessary to create and/or retain jobs)	
TOTAL PROJECT COST	\$

What amount of equity will you bring to the project? \$_____

Briefly describe any other sources of financing for this project: ______

Section 5: Summary of Collateral Proposed to Secure Mid-MO RPC RLF, if approved

If collateral consists of equipment, furniture, etc., an itemized list containing serial numbers, model numbers, and descriptions must be provided. If necessary, attach additional sheets listing all required information, sign, and date.

Collateral proposed to secure	Equipment Serial Number,	Current Mortgage/Lien	Current Loan Balance
Mid-MO RLF Loan	Description, etc.	Holder	
Furniture/Fixtures			
Accounts Receivable			
Inventory			
Other, specify:			

Briefly describe any real estate property to be given as collateral security and indicate if others have an ownership interest in it: ______

Real Es	state:	Owned Separately \Box	Owned Jointly \Box	
If "Join	ntly", Who With?			
1)				
	Mortgagee:			
	Cost:		_ Current Balance:	
2)				
	Mortgagee:			
	Cost:		_ Current Balance:	
3)	Location:			
	Mortgagee:			
	Cost:		_ Current Balance:	

Section 6: Other Assets and Liabilities (refers to "Borrowing Entity")

If necessary, attach additional sheets for information requested. Identify each sheet as a n exhibit to the appropriate section of application, then sign and date sheets.

Liabilities: Notes Payable to banks and others.

Lender Name & Address	Loan Amount	Present Balance	Monthly Payment	Term of Loan	Collateral/Guarantee

Real Estate Owned: ("Borrowing Entity"): List each parcel separately; attach additional sheets, if necessary.

Parcel #1 Title in Name o	rivato homo, otc.):					
Property Type (land, building, private home, etc.):Property Address:Property Address:						
	Current Balance:	Monthly Payme				
			ent			
Date of Mortgage:						
viortgage Holder:	Name		Phone			
Address:			Thone			
Address:	Number City	State	Zip Code			
status of Mortgage (current or o	delinquent). If delinquent, explain:					
Parcel #2 Title in Name o						
Property Type (land, building, p	f: rivate home, etc.):					
Property Type (land, building, p Property Address:	f: rivate home, etc.):					
Property Type (land, building, p Property Address: Driginal Loan Amount:	f: rivate home, etc.): Current Balance:	Monthly Payme				
Property Type (land, building, p Property Address: Driginal Loan Amount: Date of Mortgage:	f: rivate home, etc.): Current Balance: Maturity Date:	Monthly Payme				
Property Type (land, building, p Property Address: Original Loan Amount: Date of Mortgage:	f: rivate home, etc.): Current Balance:	Monthly Payme				
Property Type (land, building, p Property Address: Original Loan Amount: Date of Mortgage: Mortgage Holder: Address:	f: rivate home, etc.): Current Balance: Maturity Date: 	Monthly Payme	ent:			
Property Type (land, building, p Property Address: Original Loan Amount: Date of Mortgage:	f: rivate home, etc.): Current Balance: Maturity Date: 	Monthly Payme	ent:			
Property Type (land, building, p Property Address: Original Loan Amount: Date of Mortgage: Mortgage Holder: Address:	f: rivate home, etc.): Current Balance: Maturity Date: 	Monthly Payme	ent: Phone Zip Code			

Other Personal Property: ("Borrowing Entity") *Describe property, if financed, include name and address of lien/mortgage holder, original loan amount, monthly payment, and current balance. Attach additional sheets if necessary.*

Other Assets: ("Borrowing Entity") Please describe: ______

Other Liabilities: Describe in detail; refer to attachments, if necessary: _____

Additional Attachments Required to Complete Application

ALL APPLICANTS:

- BUSINESS DESCRIPTION AND FINANCING PROPOSAL: Brief history and description of the company including details of product mix, markets served, proposed new products and/or markets, etc.; *a discussion of the impact of COVID-19 on your business and your response*; a discussion of your industry, sales and markets; discussion of competition; description of key employees; a description of the financing proposal; and other matters relevant to your application.
- □ ORGANIZATIONAL INFORMATION:
 - Partnerships: _____PARTNERSHIP AGREEMENT
 - Corporations: _____BYLAWS _____ARTICLES OF INCORPORATION OR CERTIFICATE OF INCORPORATION
 - Limited Liability Corporations (LLC): ____OPERATING AGREEMENT ____ARTICLES OF ORGANIZATION
 - Limited Liability Partnerships (LLP): ____OPERATING AGREEMENT ____ARTICLES OF ORGANIZATION
- COMMITMENT LETTER and Loan Agreement from participating bank stating terms and conditions of the bank's participation; must list borrower, term, interest rate, collateral, guarantors/co-makers, contingencies, etc., if applicable.
- □ MANAGEMENT: Attach resumes of all key management positions.
- EQUITY STATEMENT: State the source of the applicant's equity (savings, gift, cash) then sign and date, if applicable.
- □ CURRENT PERSONAL FINANCIAL STATEMENT: Required of all individuals with 20% or greater interest.
- □ THREE YEARS PERSONAL FEDERAL TAX RETURNS: Required of all individuals with 20% or greater interest.
- □ COPY OF DRIVER'S LICENSE: Required of all individuals with 20% or greater interest.
- □ SOURCES AND USES OF FUNDS: List of all sources and uses of financing, if applicable.
- □ COLLATERAL: List of collateral offered as security for the RLF loan as well as proposed lien/mortgage position and other financing, if applicable.
- EQUIPMENT LIST: List of all major equipment currently owned with make, model, serial numbers, etc. If purchasing equipment, list all items to be purchased, include current quotes, make, model, serial numbers, etc.
- EQUIPMENT QUOTES: If purchasing equipment, provide quotes with make, model, serial numbers, (if available), etc.
- D PURCHASE AGREEMENTS: Attach copy of all purchase agreements, if applicable.
- □ REAL ESTATE (purchase or lease): If purchasing real estate, attach signed purchase agreement, appraisal, etc. Appraisal cannot be more than sixty (60) days old and be from a reputable company. If leasing real estate, attach signed lease agreement.
- □ Pro-formas or projections for at least two years with the first years' projections stated as a monthly cash flow projection.
- $\hfill\square$ Schedule of all debts for each owner
- □ Release of credit information form for each owner (Authorization Release Financial Information Form)
- □ Environmental Risk Assessment Questionnaire
- □ \$500 Refundable Loan Deposit payable to Mid-MO RPC

EXISTING BUSINESS OR BUYOUTS:

- □ AGING: Accounts Receivable and Accounts Payable
- □ BALANCE SHEETS, PROFIT AND LOSS STATEMENTS: Historical: Past 3 fiscal years & Projections: 2 years
- □ CURRENT BALANCE SHEET, PROFIT AND LOSS STATEMENT: No older than 90 days
- DEBT SCHEDULE: List all current debts (lender name, address, origination date, loan amount, present balance, interest rate, monthly payment, collateral pledged, and maturity date of loan)
- SUBSIDIARIES & AFFILIATES: List affiliates or subsidiary firms, if applicable; provide last fiscal year-end financial statements
- □ THREE YEARS BUSINESS FEDERAL TAX RETURNS: Complete with schedules and attachments

NEW BUSINESSES:

BUSINESS PLAN with 3 YEARS CASH FLOW ANALYSIS: Year 1 – Monthly cash flow analysis; Year 2 – Annual cash flow analysis. Required for start-ups only.

Agreements and Certifications

	YES	NO
Has the company, any officer, subsidiary, or affiliate of your company been involved in any bankruptcy or		
insolvency proceedings in the last 36 months? If yes, please provide the details as a separate exhibit.		
Has the company, any officer, subsidiary, or affiliate of your company been involved in any lawsuits in the last		
36 months? If yes, please provide the details as a separate exhibit.		
Does the company, any officer, subsidiary, or affiliate have any outstanding tax liens?		
Does the company, owner(s), or member of Management Team have a controlling interest in other businesses? If yes, please provide their names and relationship with your company along with a current balance sheet and income statement for each as a separate exhibit.		
Does your company buy from, sell to, or use the services on any concern in owner(s), shareholder(s), or member(s) of the management team have a significant financial interest? <i>If yes, please provide the details as a separate exhibit</i>		
Are any of the individuals listed under 'Management' on parole or probation? If yes, please provide the details as a separate exhibit.		
Have any of the individuals listed under 'Management' been convicted of a crime? If yes, please provide the details as a separate exhibit.		
Has the company applied for and/or received other federal funding for the same purpose as the purpose stated in this application? <i>If yes, please provide the details as a separate exhibit.</i>		

By Signing Below, the Applicant:

- Certifies to the best of its knowledge and belief, the information being submitted to the Mid-MO RPC RLF and its agent is true and correct;
- Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it;
- Certifies that the applicant has disclosed any current default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
- Certifies that Mid-MO RPC is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness;
- Agrees to reimburse Mid-MO RPC for any reasonable expenses made in connection to this loan request, including, but not limited to title work, legal fees, appraisals, recoding/filing fees, etc.;
- Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project; and
- Certifies that the applicant has not applied for and/or received other federal funding for the same purpose as the purpose stated in this application. The undersigned also certifies that no RLF loan proceeds will be used to fund expenses for which the undersigned has received other federal funding. If duplicate funding is determined, Mid-MO RPC can demand immediate repayment of the portion of the RLF loan allocable to those expenses and may take any other action against the undersigned permitted by the loan documents, the EDA RLF plan, and applicable law.

Date		
Signature	Print Name	Title
Signature	Print Name	Title