

Small Business Revolving Loan Fund Application

1. Full Name	
2. Business Name	
3. Email Address	4. Phone Number
5. Is this Business New Existing	6. Year Business Started
7. Is your Business Registered with the State of	of Ohio? Yes No
8. Business Address	
9. Business Tax ID Number:	
11. Principle Product or Service	
12. Name of Bank(s) which the business has ex	xisting accounts:
Name:	
Contact Person:	
Name:	
Contact Person:	
7. Please provide us a narrative on your busin	ness or your idea (use additional paper & enclose with application)
I would like business counseling assistance.	Yes No
I understand that any information disclosed w	rill be held in strict confidence, and used only to help me succeed
3	all Boards, Staff and associated professionals hold all personal in-
formation and disclosed business information:	
Type of Counseling requested/areas assistance	is needed:
Signature	Date
Printed Name	 Title

Financials:

Please fill out the following financial information.

Financials	Description	Previous Year
Income	Income: revenue of the business, or total sales	
Expense	Expense: expenses incurred by the business	
Net Profit	Net profit: revenue subtracted by all expenses	
Debt Capital Raised	Debt Capital: any loan that is to be paid back in full at a future date	
Equity Capital Raised	Equity Capital: any money invested by an outside investor for shares of the company	
Personal Equity Raised	Personal Equity: amount of money you have	
Owner(s) Draw	Owner Draw: withdrawal of cash or assets from a sole proprietorship. Includes salary	
Staffing		
FT Positions (including self)	FT Positions: salaried & hourly employees (40 hours/week) at your company	
PT Positions (including self)	PT Positions: employees paid to work 39 hours/ week or less at your company	
Salaries & wages paid (\$)	Salaries & Wages: all the company's employees, including the owner's W-2.	

Additional Information/Ex	xplanation:		

Project Costs	Total	RLF	Equity	Private Lender	Other
Land					
Building					
Renovations/ Improvements					
New Construction					
Machinery/ Equipment					
Other Fixed Costs					
Total Fixed Costs					
Working Capital					
Non-Fixed Costs					
Total Costs					
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Additional Information	on/Explanation:		

Required Attachments

Sig	nature Title
any also this ria	an authorized agent of the applicant company/business, I hereby submit this application. I understand that a false statement in this record may subject the applicant company and the signer to criminal prosecution. I be understand that additional information may be required to complete the application process. By signing application I am authorizing the participating private lender involved with this project to provide the Fosto-Revolving Loan Fund, and their loan fund administrator, on a confidential basis, with any information project to that lender as part of the application for funds from that private lender.
	BMISSION ACKNOWLEDGMENT
FO	storia, OH 44830
	2 Perry Street
	TN: Revolving Loan Fund Committee
	storia Economic Development Corporation
	ase return completed application and all attachments to:
<i>,</i> .	Teuer of finent from Frivate Lender (if applicable)
	Letter of Intent from Private Lender (if applicable)
5.	Three Years of Projected Financials Personal Financial Statements (10% ownership or more)
4.	Signed Application
3.	Description of New Project
	History of Existing Business (if applicable)
	Project Location Map
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Company Name Date