Lisbon Business Attraction Grant

APPLICATION CHECKLIST

Rolling deadline while funds available

Please Print and Fill out Application and return to Lisbon ECD at the Address below

- ☐ Business plan with two (2) years of projections
  - Description and history of business, (indicate 3 years of success)
  - Market analysis and plan
  - Analysis of competitors
  - Production, operations and staffing requirements
  - Management skills and experience (include resumes)
  - Financial forecasts (breakeven analysis, projected income statement, balance sheet and cash flow statement with all assumptions)
- ☐ Signed and completed grant application
- ☐ List of all business debts with original amount, interest rate, date of origination, term, current balance and collateral pledged
- ☐ List of all personal debts with original amount, interest rate, date of origination, term, and current balance
- ☐ Signed and completed credit authorization with fee ($50.00 for each individual with 20% or more ownership in the business)
- ☐ Business tax returns for the last three (3) years (Please sign and date)
- ☐ Interim financial statements current within 90 days of application (Please sign and date)
- ☐ Personal tax returns for the last three (3) years – with all attachments (Please sign and date)
- ☐ Signed and completed personal financial statement

NOTE: AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED. ALL TAX RETURNS AND FINANCIAL INFORMATION MUST BE SIGNED AND DATED.

APPLICATION

I. Applicant and Business Information:

Date:_____

Applicant:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____ Fax:_____

E-Mail:_____ SS#_____

Business Name:_____

Business Address:_____

City:_____ State:_____ Zip Code:_____

Telephone:_____ Fax:_____

Web Address:_____ E-Mail:_____

Type of Business: ◯ Sole Proprietor ◯ Partnership ◯ LLC
◯ Corporation ◯ S-Corporation
◯ Other:_____

Date established:_____ State of Incorporation:_____

Federal Tax I.D. Number:_____

Business Description (attach additional sheets as necessary):_____

_____

_____

_____

_____

Current number employed, including principals: Full-time:_____ Part-time:_____

Number of Jobs to be created as a result of opening in Lisbon: Full time:_____
Part-time:_____

II. Management (Proprietors, Partners and Stockholders owning 20% or more of stock)

Name	Address	% owned	Social Security #
1.			
2.			
3.			
4.			
5.			

For Corporations, please furnish the names and addresses of:

President:_____

Vice President:_____

Secretary/Clerk:_____

Treasurer:_____

Directors: _____

_____

_____

III. Site Control

Does the applicant have control of the business site? Yes_____ No_____

If yes, indicate type of control: Own_____ Lease_____
Type of Lease_____
Terms of Lease_____
Lease/Option_____

Other_____

IV. Environmental Impact:

Do any of your activities cause any form of pollution or nuisance: Yes_____No_____

If Yes, please explain (attach additional sheets as necessary):_____

Does your business require EPA approval?_____

Anticipated Project Costs (Uses):

Land acquisition (_____sq.ft.) $ _____

Building purchase or renovations (_____sq. ft.) $ _____

Professional Fees $ _____

Machinery and Equipment $ _____

Inventory $ _____

Working Capital $ _____

Other $ _____

Other $ _____

Debt refinancing:

Bank:_____ $ _____

Trade Payables (attach list with aging report) $ _____

Total Uses **$** _____

Anticipated Sources of Financing:

Bank:_____ $ _____

Private Investors $ _____

Seller's Financing $ _____

Owners Equity $ _____

Other $ _____

Lisbon Loan Request $ _____

Total Sources **$** _____

V. Collateral offered if grant is approved:

Description	Purchase Price	Present Market Value	Mortgage/Liens	Equity

VI. Outstanding Debts of Business

Whom Payable	Account Number	Original Amount	Date of Loan	Rate of Interest	Maturity Date	Monthly Payment	Current Amount	Collateral Pledged

VII. Personal Outstanding Debts

Whom Payable	Account Number	Original Amount	Date of Loan	Rate of Interest	Maturity Date	Monthly Payment	Current Amount	Collateral Pledged

VIII. Personal Monthly Budget

Name:_____ Number of Dependents:_____

A. Housing Expenses:

Mortgage/Rent	$_____
Purchase Price	$_____
Date Purchased	_____
Monthly Payment	$_____
Utilities	$_____
Furniture	$_____
Improvements	$_____

Total Housing Expenses: $_____

B. Automobile Expenses:

Auto No. 1 *$*_____

Year/Make/Model_____
Monthly Payment $__ Balanced
Owed $_____

Auto No. 2
Year/Make/Model
Monthly Payment $_____
Balanced Owed $_____

Gas and Oil $_____
Maintenance $_____

Total Auto Expense $_____

C. Insurance Expense:

Life	$_____
Health	$_____
Automobile	$_____
Home/Renters	$_____
Other	$_____

Total Insurance Expense $_____

E. Other Expenses:

Medical/Dental	$_____
Personal Income Tax	$_____
Credit Cards	$_____
Credit Cards	$_____
Credit Cards	$_____
Credit Cards	$_____
Personal Loans	$_____
Other	$_____

Total Other Expenses $_____

TOTAL MONTHLY EXPENSES:

A. HOUSING	$_____
B. AUTO	$_____
C. INSURANCE	$_____
D. PERSONAL	$_____
E. OTHER	$_____

Total Monthly Expenses $_____

TOTAL MONTHLY INCOME:

Applicant	$_____
Spouse	$_____
Stocks and Bonds	$_____
Other (specify)	$_____
_____	

Total Monthly Income $_____

MONTHLY NET INCOME:

Total Monthly Income $_____
Minus Total Monthly Expenses $_____

D. Personal Expenses: **Monthly Net Income** **$_____**

Food $_____
Clothing $_____
Entertainment $_____
Miscellaneous $_____

Total Personal Expenses **$_____**

XI. Bank Contact Person, if any. _____

X. Applicant Certification

It is hereby represented and certified by the undersigned that to the best knowledge and belief of the undersigned, the information contained herein and attached hereto is accurate and correct and truly descriptive of the project, the *Applicant* and any guarantor or other proposed project occupant.

I understand the Lisbon Town Council is the only power authorized to approve my financing request and that I can rely only upon *written evidence* that this same committee has approved my request. Any other communications are preliminary in nature and *do not, in any way, constitute a commitment to lend.*

If my grant is approved, Lisbon may use my name, the company's name and the loan amount for promotional purposes.

Applicant:_____

Signature:_____

Date:_____

Co-Applicant:_____

Signature:_____

Date:_____

If Incorporated:

Corporate Name:_____

By (Title):_____

Date:_____

***Race**

☐ Native American ☐ Asian

☐ Black ☐ Hawaiian/PI

☐ White

Ethnicity

Hispanic

☐ Yes

☐ No

Gender

☐ Male

☐ Female

Veteran Status

☐ Non- Veteran

☐ Veteran

*The above information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information please check this box. "

Lisbon is an Equal Opportunity Lender

"The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract;); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she has been denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580."

Consumer Credit Authorization

The following information is needed to complete a personal credit investigation. This form is to be completed by each applicant (individual, corporation or partnership), and each partner or shareholder holding a 20% or more interest in the company. A separate form must be completed for any co-applicant and corporation.

I (we) authorize Town of Lisbon, and their contracted underwriters, to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of makingor monitoring the loan.

Lisbon will not proceed with the review of your grant request without these reports.

Legal Name:_____

Signature:_____

Date:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Social Security Number:_____ Birth Date:_____

YOU MUST INCLUDE A CHECK PAYABLE TO Town of Lisbon FOR $50.00 FOR EACH PERSONAL CREDIT REPORT AND AN ADDITIONAL $25.00 FOR THE BUSINESS CREDIT REPORT.

Please list three (3) trade references that we may contact in order to verify your business credit history (not applicable for startup business ventures):

	Trade Reference #1	Trade Reference #2	Trade Reference #3
Business Name			
Contact Person			
Telephone Number			