

MAXIMUM PROJECTED EMPLOYMENT(Full Time Positions – 2080 hrs)

Hourly Wage	Job Title	Yr 1 Created	Yr 2 Created	Yr 3 Created	Total

BENEFIT INFORMATION

CURRENT EMPLOYEE BENEFITS	NONE	INDIVIDUAL	FAMILY
Check (X) If Health Insurance Provided:			
% Of Health Insurance Premium Paid By Company:			
Average Deductible Paid By Employee:			

Other Benefits Provided To The Majority Of The Workforce (Please List):

Will New Employees Be Provided With The Same Benefits Listed Above? _____

DEBT

TO WHOM PAYABLE	PRESENT BALANCE	INTEREST RATE	MATURITY DATE	PAYMENT AMOUNT	SECURITY USED

MANAGEMENT/OWNERS

NAME	ADDRESS	% OWNED

Name of Participating Private Lending Institution: _____

Address: _____ Phone No. _____

Name of Commercial Loan Officer: _____

1. Has the company, any officer, subsidiary or affiliate ever been involved in bankruptcy or insolvency proceedings? Yes_____ No_____ If yes, please provide the details as a separate exhibit.
2. Has the company, any officer, subsidiary or affiliate been involved in any lawsuits? Yes_____ No_____ If yes, please provide the details as a separate exhibit.
3. Do you, the other management/owners of your company, or any immediate family members work for Waupaca County? If yes, please fill in the information below.
 - a. Employee Name: _____
 - b. Dept. Employed By: _____
4. Do you, the other management/owners of the company, or the company own a controlling interest in another business? Yes_____ No_____ If yes, please provide the name of the business, a current balance sheet, and a current operating statement as separate exhibits.
5. Do you, or the other management/owners of the company, buy from, sell to, or use the services of any business in which one of these people has a significant financial interest? Yes_____ No_____ If yes, please provide the details as a separate exhibit.
6. Are any of the individuals listed under the management/owners section on parole or probation? Yes_____ No_____ If yes, please provide the details as a separate exhibit.
7. Have any of the individuals listed under the management/owners section ever been convicted of a crime? Yes_____ No_____ If yes, please provide the details as a separate exhibit.

I/We certify that all information in this application is true and complete to the best of my/our knowledge. I/We agree to pay for, or reimburse, Waupaca County for the cost of any surveys, title or mortgage examinations, appraisals, or other work related to this application and performed by non-Waupaca County personnel.

Owner/Manager

Date

Owner/Manager

Date

Owner/Manager

Date

PLEASE SEND THE FOLLOWING INFORMATION WITH THE APPLICATION

1. Balance Sheets and Profit/Loss Statements for previous three fiscal years.
2. Balance Sheet and Profit/Loss Statement for interim period (less than 90 days from the date of this application).
3. Aging of Accounts Receivable and Payable corresponding with the latest available statement.
4. Three years of financial projections that include income statements, balance sheets and cash flow statements with the first year presented on a month-by-month basis. The financial projections should contain detailed notes on all significant accounting assumptions.
5. A comprehensive business plan that fully describes the proposed project. This plan should include a company history, a discussion of your industry, competitors, and your market niche (include sales and marketing plan).
6. Resumes for all individuals listed under the Management/Owners section. Personal financial statements for all individuals, listed under the Management/Owners section, that own 20% or more of the company.
7. If equipment will be purchased with the loan proceeds, submit a list of the equipment to be purchased.
8. Commitments from all private funding organizations. The commitments should contain no contingencies other than the receipt of Revolving Loan Fund monies.
9. A copy of the lending institution's credit analysis.

CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to the City of Clintonville is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that the City of Clintonville is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).
5. 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.
6. Understands that unless it qualifies as trade secret, all information submitted to the City of Clintonville is subject to Wisconsin's Open Records Law.

The applicant requests that the City of Clintonville treat the following items as TRADE SECRET:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to the City of Clintonville will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

