Castlewood Economic Development

Business Loan Application

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

BUSINESS NAME: _____ LLC/Tax ID: _____

DESCRIBE YOUR BUSINESS (ownership, primary business activity, & Management structure):

_____

_____

_____

JOBS CREATED AS A RESULT OF THE CED LOAN (do not include owners); Include full and part-time positions as well as expected date the jobs will be established: _____

_____

_____

PROPOSED BUDGET: _____

_____

_____

LOAN PURPOSE & AMOUNT: _____

_____

_____

OTHER SOURCES OF START-UP CAPITAL &/or FUNDS: _____

_____

_____

_____

_____

CURRENT EMPLOYMENT INFORMATION: _____

_____

_____

_____

_____

COLLATERAL TO BE PLEDGED: _____

_____

_____

_____

REPAYMENT (Describe income projections, expected expenses, & loan payment plan & attach business plan): _____

_____

_____

_____

LOAN START DATE: _____

BUSINESS REFERENCES & CONTACT INFORMATION: _____

_____

_____

_____

_____

*All information contained above, and in any attachments, are believed true and complete to the best knowledge and belief of the applicant. There is no intent to deceive or defraud the City of Castlewood or any potential participants in any loans to finance this project.*

*It is further understood that prior to final approval, the City of Castlewood may ask and shall be entitled to full disclosure of financial statements that may include, but shall not be limited to: Income statement & balance sheet (past three years plus current if available); Projected income & cash flow statement and Balance Sheet (Projected for minimum of two years); Personal Financial Statement(s); and any other statements as requested and as deemed pertinent to this project.*

_____

SIGNATURE DATE

_____

SIGNATURE DATE

DATE RECEIVED: _____

DATE APPROVED: _____