



CUYAHOGA COUNTY DEPARTMENT OF DEVELOPMENT LOAN APPLICATION

Information About You and Your Business

Legal Name of Business/ Applicant _____

Business Address _____ City _____ Zip _____

Business Phone _____ Business Tax ID Number _____

S.I.C. Code _____ Business Fax Number _____

Type of Organization S Corporation C Corporation Proprietorship Limited Partnership

General Partnership Limited Liability Company Other _____

Principal Product/Service _____

Year Business Established _____ Length of Time Current Ownership in Place _____ Years _____ Months

Owner/Authorized Signers Name _____ Title _____

Home Address _____ City _____ Zip _____

Telephone _____ Social Security Number _____

Principals/Owners Owning 20% or More of the Business – Provide Their Title(s) and Percentage of Ownership:

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

IMPORTANT

Should the Business/Loan Applicant answer yes to any of the following questions, they must provide any and all details under separate cover and submit it with this application. The Business must provide all pertinent information including names, dates, times, types, dollar amounts, circumstances, status and dispositions relevant to the appropriate question(s):

Does the Owner/Authorized Signer own any interest in any other business(s)? Yes No

Is the business a franchise or license company? Yes No

Does the business have any other affiliates, subsidiaries, or parents? Yes No

Are there any tax liabilities outstanding from previous reporting periods? Yes No

Does the business have any contingent liability? Yes No

Is the business/loan applicant presently a party to any claim or lawsuit? Yes No

Has the business or any proposed guarantor ever declared bankruptcy? Yes No

Is the business an endorser, guarantor or co maker for obligations not listed on the financial statements? Yes No

Information About Your Project, continued

COLLATERAL OFFERED AS LOAN SECURITY

TYPE	PROPERTY ADDRESS	CURRENT APPRAISED VALUE	MORTGAGE / LIEN HOLDER	PRESENT BALANCE

DEBT SCHEDULE

CREDITOR	LOAN DATE	ORIGINAL AMOUNT	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	MATURITY DATE	SECURITY
TOTAL PRESENT BALANCE \$ _____ TOTAL MONTHLY PAYMENT \$ _____							

CURRENT INSURANCE COVERAGE

List the current insurance coverage's (including umbrella or other excess coverage's) in effect.

NAME OF CARRIER	AGENT BROKER	POLICY NUMBER	TERM	COVERAGE PARAMETERS	DEDUCTIBLES RETENTIONS

PROPOSED INSURANCE COVERAGE

List the intended coverage's to be utilized or purchased as a result of this project.

NAME OF CARRIER	AGENT BROKER	POLICY NUMBER	TERM	COVERAGE PARAMETERS	DEDUCTIBLES RETENTIONS

Authorization

The information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this loan on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the terms of the Ohio Public Records Act. In the event of loan approval, the undersigned grants permission to the County to release publicity articles regarding the financing of the project. The undersigned hereby authorizes and consents to financial institution providing a copy of its notice of approval or denial of the application (including an explanation of the reasons therefore), a copy of the lender analysis and appraisal to the Cuyahoga County Department of Development. The County may also check the personal credit history of the principal owner(s) and/or key individuals. By signing below, the undersigned agrees that the loan will be used for business purposes only and not for household, personal, or consumer usage. I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C Title 18, Section 1001.

By: _____ Title: _____ Date: _____
By: _____ Title: _____ Date: _____
By: _____ Title: _____ Date: _____
By: _____ Title: _____ Date: _____

Complete Your Application

Please attach the following items and information to complete this application package:

REQUIRED INFORMATION

- Application fee of \$150 payable to Cuyahoga County Treasurer.
- Previous Three (3) Years of Historical Business Financial Statements and/or Corporate Tax Returns (Balance Sheet, P&L, Cash Flow)
- Current and Previous Year Comparative Interim Business Financial Statement (Balance Sheet, P&L, Cash Flow current within 90 days)
- Aging of Accounts Payable and Accounts Receivable (current within 90 days)
- Two (2) Years of Projected Business Financial Statements (Balance Sheet, P&L, Cash Flow)
- Personal Financial Statements (20% ownership or more) Including Previous Two (2) Years of Personal Tax Returns on Each Owner
- Resumes of Officers and Key Management Personnel
- Summary Describing the Existing Business Including Date Established or Purchased, Ownership, Previous Ownership and/or use, Products Sold and/or the Services Rendered, Geographic Market, Marketing Methods and Strengths of the Business
- List of Customer and Suppliers That Comprise 10% or More of the Company's Business
- Summary Highlighting the Proposed Project Including, Unique Features, Enhancements and Benefits
- Third Party Appraisal(s) on the Collateral (real estate and/or equipment)
- Letter(s) of Intent or Letter(s) of Commitment from Private Lender(s) and/or any Other Funder(s)
- Governing Instruments Including Articles of Incorporation, Partnership Agreement(s), Articles of Organization and Operating Agreement(s) for Limited Liability Companies
- Declaration Regarding Material Assistance Form

CONTINGENT INFORMATION

- Copy of the Construction / Rehabilitation Cost Estimates and the Scope of Work
- Copy of the Existing or Proposed Purchase Agreement or Option
- List of Equipment to be Purchased Including the Purchase Invoice or Requisition
- Tenant(s) Letter of Commitment or Copy of the Lease Agreement
- Environmental Clearance Evidence – Phase I / Phase II Environmental Review Reports

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.

- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

GOVERNMENT BUSINESS AND FUNDING CONTRACTS
 In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE ()		WORK PHONE ()		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE ()	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

APPLICANT SIGNATURE

DATE

PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188

EXPIRATION DATE: 11/30/2004

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
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Residence Address	Residence Phone
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City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____ 0
Total	\$ _____ 0	Net Worth	\$ _____ 0
		Total	\$ _____ 0

Section 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others.
(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).	

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).	

Section 7. Other Liabilities (Describe in detail).	

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).	

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.