

APPLICATION FOR FINANCING



MINERAL POINT REVOLVING
LOAN FUND PROGRAM
137 HIGH STREET
MINERAL POINT, WI 53565
CITY HALL

(608) 987-0463
FAX (608) 987-3885

(Please provide all requested information, and be sure to sign and date the application.)

A. GENERAL INFORMATION

1. Name of Borrower: _____
Street Address: _____
City: _____ Zip Code: _____
Telephone: _____ FAX: _____

2. If Business is different from Borrower:
Name of Business: _____
Street Address: _____
City: _____ Zip Code: _____
Telephone: _____ FAX: _____

3. Legal status of Business
 Corporation (Complete #4 then proceed to #7)
_____ C-Corp _____ Sub-S _____ LLC _____ Non-Profit
_____ General _____ Limited
 Sole proprietorship (Complete #5 then proceed to #7)

4. IF BUSINESS IS A CORPORATION:

a. Give exact name of corporation (as it appears on Articles Incorporation):

b. Names of all stockholders of the corporation:

_____ (_____ % held)
_____ (_____ % held)
_____ (_____ % held)
_____ (_____ % held)

c. If there is preferred stock or more than one class of stock, please describe:

d. Members of Board of Directors

e. Officers of the Corporation:

President _____

Vice President _____

Secretary _____

Treasurer _____

f. Chief Executive Officer _____

g. State of Incorporation _____

h. Date of incorporation _____

i. Did the Business exist prior to formation of the corporation? yes no

If yes, when was the Business founded and what was its original legal status?

j. Was the corporation founded by present owners: yes no If no, from whom was the stock purchased?

k. Has the corporation ever changed its name? yes no

If yes, please list previous names and give dates of any changes:

l. Is any of the property used in the corporation's business, or any property to be acquired with the project loan proceeds, owned by the corporation's stockholders personally or be a partnership whose membership includes stockholders? yes no If yes, describe the property involved:

m. If property is owned by a partnership, give the names of the partners, the percent interest in the partnership of each, and partner status:

	General Partner
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no

When was the partnership formed? _____ Is there a partnership agreement? yes no

5. IF BUSINESS IS A SOLE PROPRIETORSHIP

a. Name and residence address of sole proprietor:

b. How long have you operated the business? _____

c. Did you acquire the Business from another? yes no

If yes, from whom, and how long was the Business in existence before you acquired it?

6. IF BUSINESS IS A PARTNERSHIP:

a. Names of the partners of interest in the partnership of each, and partner status:

		General Partner
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no

b. When was the partnership formed? _____

Is there a written partnership agreement? yes no

c. Since its formation, has there been any change in the composition of the partnership yes no

If yes, please describe the changes and state why they occurred:

d. Did the business exist prior to the formation of the partnership? yes no

If yes, when was it formed, by whom, and what was its original legal status?

TO BE FILLED OUT BY ALL APPLICANTS

7. Is any owner, stockholder, partner, officer, or director principally responsible for the financial affairs of the Business? yes no

If yes, who? _____

8. Do you have a bookkeeper, accountant, or Certified Public Accountant that provides the Business with professional assistance? yes no

If yes, please provide:

Name _____

Street Address _____

City _____

State _____ Zip Code _____

9. Is any owner, stockholder, partner, officer, or director of any previously mentioned entities, or any member of the immediate families of any such person, an employee of the City of Mineral Point? yes no

If yes, give the name and relationship to the city employee.

10. List all locations used or occupied by the Business, and state whether the premises are owned by the Business or leased; if leased, from whom; how is the location used (store, plant, warehouse, etc):

ADDRESS

LEASED OR OWNED

USE OF LOCATION

11. Is any equipment (other than motor vehicles) used in the Business leased? yes no

If yes, briefly describe the equipment and state from whom it is leased:

12. Standard Industry Code (SIC Code): _____

13. Federal Tax Identification Number: _____

14. JOB INFORMATION

Current number of employees: _____
Number of present employees living in the City of Mineral Point _____
Number of minority employees: _____
Number of female employees: _____
Number of employees earning under \$15,000 annually: _____
Number of employees earning over \$23,000 annually: _____
Average salary of new employees: _____
Number of new employees to be created by project: _____

15. Related firms, if any (affiliates, subsidiaries, etc.) and addresses of principal offices thereof:

16. Bank or banks in Wisconsin at which business accounts are maintained, and type of account (checking, savings, line of credit, etc.):

17. Does the Business maintain accounts at banks outside of Wisconsin? yes no

If yes, at what banks and in which cities? _____

18. Please list all names under which you do business: _____

19. Are there any unsatisfied judgments of a court outstanding against the Business, any owner of the Business, or any proposed guarantor of the requested loan? yes no If yes, give the name of the case, the court in which the judgment was entered, the amount of the judgment and a brief description of the nature of the case:

20. Is the Business, any owner of the Business, or any proposed guarantor of the requested loan involved in any pending bankruptcy or insolvency proceedings or any pending litigation before a court or administrative agency (other than as plaintiff in routine collection suit)? yes no

If yes, give the name of the case, the court or agency in which the matter is pending, and a brief description of the nature of the matter:

21. Is there any pending or threatened claim or litigation against the Business, any owner of the Business, or any proposed guarantor of the requested loan? yes no

If yes, please describe:

B. PROPOSED PROJECT

1. Project Street Address: _____
City _____ Zip Code _____

2. Project Description (including the following: size of the site; description of existing buildings, improvements and equipment; description of any land to be purchased; description of any new construction or renovation the project would involve; description of any equipment to be purchased as part of the project; and any other matters needed to give a concise description of the project):

3. How will project benefit the Business:

4. Estimated dates of commencement and completion of project: _____

5. PROJECT COST

Use of project funds:

Site acquisition	\$ _____
Site improvement	\$ _____
New construction	\$ _____
Remodeling of existing structures	\$ _____
Equipment	\$ _____
Furniture and fixtures	\$ _____
Other (specify) _____	\$ _____
Total cost	\$ _____

Source of project funds:

MPRLFP loan request	\$ _____
Bank loan (specify bank) _____	\$ _____
Applicant's funds (10% equity required)	\$ _____
Other (specify) _____	\$ _____
Total cost	\$ _____

I acknowledge being informed that MPRLFP will, upon request by a member of the public or in the course of reporting its activities to the public, disclose the names of firms receiving MPRLFP loans, the amount of the MPRLFP loans, federal programs used, if any, and the development impact of MPRLFP loans (jobs created, tax base impact and total project investment). I have been assured by MPRLFP, and I understand, that other financial information provided in connection with this application or with a loan from MPRLFP, if one is made (including, but not necessarily limited to, business and personal financial statements, business operating statements, data on historical and projected future sales or other aspects of business performance, and business plans) will, to the extent permissible by law, be treated as confidential. This will confirm that I have relied upon such assurances by MPRLFP in providing financial information to MPRLFP, and that, but for such assurances, such information would not be provided.

I certify that the information contained in this application is, to the best of my knowledge, true and correct.

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

RETURN TO:

Mineral Point Revolving Loan Fund
City Clerk/Treasurers Office
137 High Street, Suite 1
Mineral Point, Wisconsin 53565
(608) 987-2361

Return with \$100 application fee made payable to City of Mineral Point cc Revolving Loan Application.

Schedule of Existing Debt

Include all debts except accounts payable and accrued expenses. This schedule must be current on the above date, and the present balance total must agree with the latest balance sheet submitted.

Creditor	Loan Purpose	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Collateral	Payment Status (Current?)	To be paid by Loan Proceeds
Total										

Signature: _____ Date: _____ (Should be same date as latest financial statement)

APPLICATION FOR FINANCING



MINERAL POINT REVOLVING
LOAN FUND PROGRAM
137 HIGH STREET
MINERAL POINT, WI 53565
CITY HALL

(608) 987-0463
FAX (608) 987-3885

(Please provide all requested information, and be sure to sign and date the application.)

A. GENERAL INFORMATION

1. Name of Borrower: _____
Street Address: _____
City: _____ Zip Code: _____
Telephone: _____ FAX: _____

2. If Business is different from Borrower:
Name of Business: _____
Street Address: _____
City: _____ Zip Code: _____
Telephone: _____ FAX: _____

3. Legal status of Business
 Corporation (Complete #4 then proceed to #7)
_____ C-Corp _____ Sub-S _____ LLC _____ Non-Profit
_____ General _____ Limited
 Sole proprietorship (Complete #5 then proceed to #7)

4. IF BUSINESS IS A CORPORATION:

a. Give exact name of corporation (as it appears on Articles Incorporation):

b. Names of all stockholders of the corporation:
_____ (_____ % held)
_____ (_____ % held)
_____ (_____ % held)
_____ (_____ % held)

c. If there is preferred stock or more than one class of stock, please describe:

d. Members of Board of Directors

e. Officers of the Corporation:

President _____

Vice President _____

Secretary _____

Treasurer _____

f. Chief Executive Officer _____

g. State of Incorporation _____

h. Date of incorporation _____

i. Did the Business exist prior to formation of the corporation? yes no

If yes, when was the Business founded and what was its original legal status?

j. Was the corporation founded by present owners: yes no If no, from whom was the stock purchased?

k. Has the corporation ever changed its name? yes no

If yes, please list previous names and give dates of any changes:

l. Is any of the property used in the corporation's business, or any property to be acquired with the project loan proceeds, owned by the corporation's stockholders personally or be a partnership whose membership includes stockholders? yes no If yes, describe the property involved:

m. If property is owned by a partnership, give the names of the partners, the percent interest in the partnership of each, and partner status:

	General Partner
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ (_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no

When was the partnership formed? _____ Is there a partnership agreement? yes no

5. IF BUSINESS IS A SOLE PROPRIETORSHIP

a. Name and residence address of sole proprietor:

b. How long have you operated the business? _____

c. Did you acquire the Business from another? yes no

If yes, from whom, and how long was the Business in existence before you acquired it?

6. IF BUSINESS IS A PARTNERSHIP:

a. Names of the partners of interest in the partnership of each, and partner status:

		General Partner
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	(_____ % owned)	<input type="checkbox"/> yes <input type="checkbox"/> no

b. When was the partnership formed? _____

Is there a written partnership agreement? yes no

c. Since its formation, has there been any change in the composition of the partnership yes no

If yes, please describe the changes and state why they occurred:

d. Did the business exist prior to the formation of the partnership? yes no

If yes, when was it formed, by whom, and what was its original legal status?

TO BE FILLED OUT BY ALL APPLICANTS

7. Is any owner, stockholder, partner, officer, or director principally responsible for the financial affairs of the Business? yes no

If yes, who? _____

8. Do you have a bookkeeper, accountant, or Certified Public Accountant that provides the Business with professional assistance? yes no

If yes, please provide:

Name _____

Street Address _____

City _____

State _____ Zip Code _____

9. Is any owner, stockholder, partner, officer, or director of any previously mentioned entities, or any member of the immediate families of any such person, an employee of the City of Mineral Point? yes no

If yes, give the name and relationship to the city employee.

10. List all locations used or occupied by the Business, and state whether the premises are owned by the Business or leased; if leased, from whom; how is the location used (store, plant, warehouse, etc):

ADDRESS

LEASED OR OWNED

USE OF LOCATION

11. Is any equipment (other than motor vehicles) used in the Business leased? yes no

If yes, briefly describe the equipment and state from whom it is leased:

12. Standard Industry Code (SIC Code): _____

13. Federal Tax Identification Number: _____

14. JOB INFORMATION

- Current number of employees: _____
- Number of present employees living in the City of Mineral Point _____
- Number of minority employees: _____
- Number of female employees: _____
- Number of employees earning under \$15,000 annually: _____
- Number of employees earning over \$23,000 annually: _____
- Average salary of new employees: _____
- Number of new employees to be created by project: _____

15. Related firms, if any (affiliates, subsidiaries, etc.) and addresses of principal offices thereof:

16. Bank or banks in Wisconsin at which business accounts are maintained, and type of account (checking, savings, line of credit, etc.):

17. Does the Business maintain accounts at banks outside of Wisconsin? yes no

If yes, at what banks and in which cities? _____

18. Please list all names under which you do business: _____

19. Are there any unsatisfied judgments of a court outstanding against the Business, any owner of the Business, or any proposed guarantor of the requested loan? yes no If yes, give the name of the case, the court in which the judgment was entered, the amount of the judgment and a brief description of the nature of the case:

20. Is the Business, any owner of the Business, or any proposed guarantor of the requested loan involved in any pending bankruptcy or insolvency proceedings or any pending litigation before a court or administrative agency (other than as plaintiff in routine collection suit)? yes no

If yes, give the name of the case, the court or agency in which the matter is pending, and a brief description of the nature of the matter:

21. Is there any pending or threatened claim or litigation against the Business, any owner of the Business, or any proposed guarantor of the requested loan? yes no

If yes, please describe:

B. PROPOSED PROJECT

1. Project Street Address: _____
City _____ Zip Code _____

2. Project Description (including the following: size of the site; description of existing buildings, improvements and equipment; description of any land to be purchased; description of any new construction or renovation the project would involve; description of any equipment to be purchased as part of the project; and any other matters needed to give a concise description of the project):

3. How will project benefit the Business:

4. Estimated dates of commencement and completion of project: _____

5. PROJECT COST

Use of project funds:

Site acquisition	\$ _____
Site improvement	\$ _____
New construction	\$ _____
Remodeling of existing structures	\$ _____
Equipment	\$ _____
Furniture and fixtures	\$ _____
Other (specify) _____	\$ _____
Total cost	\$ _____

Source of project funds:

MPRLFP loan request	\$ _____
Bank loan (specify bank) _____	\$ _____
Applicant's funds (10% equity required)	\$ _____
Other (specify) _____	\$ _____
Total cost	\$ _____

I acknowledge being informed that MPRLFP will, upon request by a member of the public or in the course of reporting its activities to the public, disclose the names of firms receiving MPRLFP loans, the amount of the MPRLFP loans, federal programs used, if any, and the development impact of MPRLFP loans (jobs created, tax base impact and total project investment). I have been assured by MPRLFP, and I understand, that other financial information provided in connection with this application or with a loan from MPRLFP, if one is made (including, but not necessarily limited to, business and personal financial statements, business operating statements, data on historical and projected future sales or other aspects of business performance, and business plans) will, to the extent permissible by law, be treated as confidential. This will confirm that I have relied upon such assurances by MPRLFP in providing financial information to MPRLFP, and that, but for such assurances, such information would not be provided.

I certify that the information contained in this application is, to the best of my knowledge, true and correct.

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

RETURN TO:

Mineral Point Revolving Loan Fund
City Clerk/Treasurers Office
137 High Street, Suite 1
Mineral Point, Wisconsin 53565
(608) 987-2361

Return with \$100 application fee made payable to City of Mineral Point cc Revolving Loan Application.

STATEMENT OF PERSONAL HISTORY

Please read carefully – Print or Type

Each member of the small business concern requesting funding must submit this form for filing with the MPRLFP application. This form must be filled out and submitted by:

- The proprietor of a sole proprietorship.
- Each partner of a partnership.
- Each officer, director, and additionally by each holder of 20% or more of the voting stock of a corporation or development company.
- Any other person including a hired manager, who has the authority to speak for and commit the borrower in the management of business.

1. State name in full, if no middle name, state (NMN), or of initial only, indicate initial.
List all former names used, and dates each was used. Use separate sheet if necessary.

First Name	Middle	Last
------------	--------	------

2. Date of Birth _____

Month	Day	Year
-------	-----	------

3. Place of Birth _____

City	State	Foreign Country
------	-------	-----------------

4. Are you a U.S. Citizen? yes no

5. Social Security Number _____

6. Current Residence Address _____

City _____ State _____ Zip Code _____

From: _____ to _____ (Years)

7. Immediate past address if current residency is under 2 years.

Address _____

City _____ State _____ Zip Code _____

From: _____ to _____ (Years)

8. Home Phone Number _____ FAX _____

Business Phone Number _____ FAX _____

9. Give the percentage of ownership or stock owned or to be owned in the small business concern or the development company. _____ %

Schedule of Existing Debt

Include all debts except accounts payable and accrued expenses. This schedule must be current on the above date, and the present balance total must agree with the latest balance sheet submitted.

Creditor	Loan Purpose	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Collateral	Payment Status (Current?)	To be paid by Loan Proceeds
Total										

Signature: _____ Date: _____ (Should be same date as latest financial statement)

INDIVIDUAL FINANCIAL STATEMENT

IMPORTANT: Date and sign statement

Name _____

Address _____

To _____ ("Lender")

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition on the _____ day of _____, 20_____. I certify that the statement is true and complete and authorize the Lender or its agents to verify the information obtained in this statement, to obtain additional information concerning my financial condition, to furnish the same to others and to answer any questions about my credit experience and other financial relationships with the Lender. This statement is the Lender's property. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement.

For Wisconsin residents only: I am married unmarried legally separated

Name of spouse _____ Address _____

NOTICE TO MARRIED APPLICANT: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70 Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW:

If married applicants are applying for joint credit, include all assets and all liabilities of both spouses. Both spouses must sign this statement. If a married applicant is applying for separate credit or for joint credit with someone other than his or her spouse, include all marital property and all individual property of the applicant spouse, but do not include individual property of the other spouse. A married applicant must in every case identify the liabilities of both spouses.

For purposes of this statement:

Marital property means assets acquired with my or my spouse's income on or after 1-1-86; and

Individual property means property owned (whether in joint or sole name) by me prior to marriage, prior to establishing residence in Wisconsin, or prior to 1-1-86, however acquired, and property acquired by me by gift or inheritance at any time.

COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES OF APPLICANT AND SPOUSE	
Cash on Hand and in Financial Institutions (Schedule A)	\$	Notes Payable-Lenders/Secured (Schedule E)	\$
Gov't and Listed Securities (Schedule B)		Notes Payable-Lenders/Unsecured (Schedule E)	
Unlisted Securities (Schedule B)		Notes Payable Others (Schedule E)	
Notes and Loans Receivable (Schedule F)		Life Insurance Loans (Schedule C)	
Homestead and Real Estate Owned (Schedule D)		Due to Brokers	
Automobiles		Accounts Payable	
Other Personal Property		Unpaid Income Taxes	
Cash Value Life Insurance (Schedule C)		Real Estate Mortgages Payable (Schedule D)	
Securities Held by Brokers in Margin Accts.		Real Estate Taxes	
Equity in Partnership		Credit Cards	
Equity in Proprietorship		Other Debts (Itemize Below)	
Vested Pension Benefits or Profit Sharing			
Other Assets (Itemize Below)			
		Total Liabilities	
		Assets less Liabilities = Net Worth	
TOTAL ASSETS	\$	TOTAL LIABILITIES and NET WORTH	\$

SOURCES OF INCOME FOR YEAR ENDED		CONTINGENT LIABILITIES OF APPLICANT AND SPOUSE	
Salaries & Bonuses*	\$	As Endorser, Co-Maker, or Guarantor	\$
	\$	On Lease or Contracts	\$
Commissions	\$	Legal Claims	\$
Dividends & Interest	\$	Other (describe)	\$
Real Estate	\$		
Other**			

*For Married Wisconsin residents, name each spouse and include the income of each spouse.

**Income from Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish the Lender to consider this income in determining your creditworthiness.

PERSONAL INFORMATION

Home Telephone _____ Social Security No. _____

Employer(s) of Applicants(s) _____

Are any assets pledged or restricted other than indicated on following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any other venture? If so, describe. _____

Do you have a will? yes no If so, name of Personal Representative. _____

Have you ever been declared Bankrupt? If so, describe. _____

Schedule A – Cash, Checking Accounts, Savings Accounts & Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name of:	Pledged	
				Yes	No

Schedule B – U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value (Of Bonds)	Description*	Owner	Market Value	Pledged	
				Yes	NO

*Indicate if Securities are Restricted by Contract or SEC Regulations.

Schedule C – Life Insurance Carried, include Group

Face Amount	Name of Company	Owner	Beneficiary	Cash Surrender	
				Value	Loans

Schedule D – Real Estate Owned

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	Mortgage		Insurance \$
					Amount	Maturity	

Schedule E - Names of Banks or Other Lenders Where Credit Has Been Obtained

Name and Address of Lender	Borrower	Date Made	Due	High Credit	Current Balance	Sec. or Unsec.

Schedule F – Notes and Loan Receivable

Unpaid Amount	Name of Maker	Date Made	Security Pledged

It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United State Code, Section 1014

(Date Signed)

X _____
Applicant Signature

X _____
Applicant Signature

For married Wisconsin resident. I understand the Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X _____
Applicant Signature