



## **Treasure Coast Brownfields Revolving Loan Fund Program Loan Application**

### **Loan Application Procedure:**

Treasure Coast Brownfields Revolving Loan Fund (TCBRLF) program loan applications and guidance will be provided upon request to interested loan applicants for the TCBRLF program. The applicant must submit a completed TCBRLF Loan Application to TCRPC to be considered for the program. The Project/Fund Manager will review the loan application and eligibility according to local, state and federal guidelines. If eligible, the program's Loan Review Committee (LRC) will make the final decision to "approve", "deny" or "approve contingent upon specific modifications" the funding request.

### **Fees:**

The following non-refundable fee(s) will be required with the completed application to the TCBRLF Loan Program. Checks must be made payable to Treasure Coast Regional Planning Council.

Application Fee:	0.375% of loan request or minimum of \$250, whichever is greater
Closing Fee:	0.5% for loans over \$100,000 0.75% for loans under \$100,000

**Borrower shall assume all closing costs.**

### **Mailing Address:**

Send completed application and fee payment to:

Greg Vaday, AICP  
Economic Development Coordinator  
Treasure Coast Regional Planning Council  
301 East Ocean Boulevard  
Suite 300  
Stuart, FL 34994

## TREASURE COAST BROWNFIELDS PROGRAM REVOLVING LOAN FUND APPLICATION

### I. GENERAL INFORMATION

<b>Name of Individual completing this form:</b>
<b>Title:</b>

<b>Legal Business Name</b>
<b>Type of Business:</b>
<b>Principle Business Product:</b>

<b>NAICS Code:</b>	<b>Tax I.D. #:</b>
<b>Is the Business?</b>	<input type="checkbox"/> <b>Start-up</b> <input type="checkbox"/> <b>Established</b>
<b>Date business established:</b>	

<b>Legal Structure of the Business</b>	<input type="checkbox"/> <b>Proprietorship</b>	<input type="checkbox"/> <b>Partnership</b>
<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Sub-Chapter S</b>	<input type="checkbox"/> <b>Non-Profit</b>
<input type="checkbox"/> <b>LLC</b>	<input type="checkbox"/> <b>Other</b>	

<b>Business Street Address:</b>
<b>City, State Zip Code</b>

<b>Years at current location:</b>	
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<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	<b>Website Address:</b>

**II. OWNERSHIP**

List names of all stockholders, partners, owners and officers and percentage of ownership.  
 Attach separate sheet if additional space is needed.

<b>1. Name:</b>	<b>Title:</b>	<b>SS#</b>
<b>Street Address:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
	<b>E-Mail Address:</b>	<b>Fax Number:</b>
<b>Percent of Company Owned:</b>	<b># Of Years Owned:</b>	
<b>Other Companies Owned:</b>	<b>Annual earnings from company:</b>	

<b>2 Name:</b>	<b>Title:</b>	<b>SS#</b>
<b>Street Address:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
	<b>E-Mail Address:</b>	<b>Fax Number:</b>
<b>Percent of Company Owned:</b>	<b># Of Years Owned:</b>	
<b>Other Companies Owned:</b>	<b>Annual earnings from company:</b>	

<b>3. Name:</b>	<b>Title:</b>	<b>SS#</b>
<b>Street Address:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
	<b>E-Mail Address:</b>	<b>Fax Number:</b>
<b>Percent of Company Owned:</b>	<b># Of Years Owned:</b>	
<b>Other Companies Owned:</b>	<b>Annual earnings from company:</b>	

<b>4. Name:</b>	<b>Title:</b>	<b>SS#</b>
<b>Street Address:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
	<b>E-Mail Address:</b>	<b>Fax Number:</b>
<b>Percent of Company Owned:</b>	<b># Of Years Owned:</b>	
<b>Other Companies Owned:</b>	<b>Annual earnings from company:</b>	

**III. MANAGEMENT**

List Key Officers, Managers and Employees. Attach separate sheet if additional space is needed. Include resumes with application.

Name	Title/Responsibility	Annual Salary	Years of Experience

**IV. BUSINESS BACKGROUND INFORMATION**

Please provide a brief history of your business' future plans and projections and describe your products and/or services and the competition you face. (Attach Business Plan)


Please provide information on your previous business experience and experience relevant to the success of the company.


Provide information on any environmental issues related to the business property. If a Phase I or Phase II Environmental Site Assessment has been done, please provide a copy or copies.


**BUSINESS ADVISORS: PROFESSIONAL SERVICES**

The names of all attorneys, accountants, appraisers, agents, and all other parties (whether individual partnerships, association, or corporations) engaged by or on behalf of the applicant (whether on a salary, retainer, or fee basis and regardless of the amount of compensation) for the purpose of rendering professional or other services of any nature whatever to the applicant, in connection with the preparation or presentation of this application or with any loan to applicant which TCRPC may make or participate in as a result of this application, or such loan or participation; and all fees or other charges or compensation paid or to be paid therefore for any purpose in connection with this application whether in money or other property of any kind whatever, by or the account of the applicant, together with a description of such services rendered or to be rendered are as follows:

Accountant's Name	Street Address	City, State Zip Code	Phone
<b>Compensation Agreement:</b>			
<b>Description of Service to be rendered:</b>			

Attorney's Name	Street Address	City, State Zip Code	Phone
<b>Compensation Agreement:</b>			
<b>Description of Service to be rendered:</b>			

Insurance Agent	Street Address	City, State Zip Code	Phone
<b>Compensation Agreement:</b>			
<b>Description of Service to be rendered:</b>			

Other	Street Address	City, State Zip Code	Phone
<b>Compensation Agreement:</b>			
<b>Description of Service to be rendered:</b>			

Other	Street Address	City, State Zip Code	Phone
<b>Compensation Agreement:</b>			
<b>Description of Service to be rendered:</b>			

**V. STRATEGIC ALLIANCES:**

List any key alliances you may have negotiated with other companies or suppliers.


**VI. FINANCIAL INFORMATION:**

<b>Approximate Annual Sales Revenue</b>	\$
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**BUSINESS BANKING INFORMATION:**

<b>1. Bank:</b>	<b>Contact:</b>	<b>Phone:</b>
<b>Account Type:</b>	<b>Account Number:</b>	<b>Account Balance</b>

<b>2. Bank:</b>	<b>Contact:</b>	<b>Phone:</b>
<b>Account Type:</b>	<b>Account Number:</b>	<b>Account Balance</b>

<b>3. Bank:</b>	<b>Contact:</b>	<b>Phone:</b>
<b>Account Type:</b>	<b>Account Number:</b>	<b>Account Balance</b>

**CREDIT RELATIONSHIPS:**

1. Name/Address of Creditor	Purpose of Loan	Original Loan Amount	Amount Presently Owning
	\$	\$	\$
	<b>Repayment Terms</b>	<b>Maturity Date</b>	
	\$	\$	\$
	<b>Repayment Terms</b>	<b>Maturity Date</b>	
	\$	\$	\$
	<b>Repayment Terms</b>	<b>Maturity Date</b>	

**MISCELLANEOUS FINANCIAL INFORMATION:**

<b>1. Has the business or principal owner ever been turned down for a business loan?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>If so, when?</b>		
<b>Please provide the name of entity that denied the loan, the primary contact and the phone number. (Attach letter of denial)</b>		

<b>2. Has the business or principal owner ever declared bankruptcy?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>If yes, please provide details on a separate sheet.</b>		

<b>3. Is the business a defendant in any lawsuit?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Amount \$
<b>If yes, please provide details on a separate sheet of paper.</b>		

<b>4. Are you a co-maker, endorser, or guarantor on any loan or contract?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Amount \$
<b>If yes, to whom owed?</b>		

<b>5. Are there any unsatisfied judgments against you?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Amount \$
<b>If yes, to whom owed?</b>		

<b>6. Do you owe back taxes to the state or federal government?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Amount \$
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**VII. LOAN REQUEST**

<b>Amount Of TCBRLF Loan</b>	\$
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<b>Date the financing is needed by:</b>	
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**USE OF FUNDS:**

<b>REQUESTED TERM OF RBIRLF LOAN:</b>		
<b>Category</b>	<b>Total Project Cost</b>	<b>TCBRLF Portion of Total Project Cost</b>
<b>Total:</b>		

**AMOUNT OBTAINED FROM OTHER SOURCES**

Source	Amount	Security/Collateral

**SUMMARY OF COLLATERAL OFFERED**

**Attach a detailed list of collateral offered that includes the method of valuation.** TCRPC will require the transfer of a first or second lien position deed on real estate or buildings and will require an assignment of other assets offered as collateral. If assets are jointly owned, TCRPC may require the signature of other owner on a security instrument at loan closing, as allowed Section 202(d) (4) of the Equal Credit Opportunity Act. A current appraisal of real estate and buildings offered as collateral may also be required as a condition of the loan closing.

	Cost	Net Book Value (Cost Less Depreciation)	Present Liens or Mortgage Balance
Land and Buildings			
Machinery/Equipment			
Furniture/Fixtures			
Accounts Receivable			
Inventory			
Other (Specify)			

**VIII. COMMUNITY BENEFIT**

Please list the minority persons you currently employ. For this application, the following are considered minority persons: Blacks (Non-Hispanic), Hispanics, Asians/Pacific Islanders, and American Indians/Alaskan Natives.

	Present Employment	Present Payroll (Dollars)	# Of Jobs to be Created	Future Payroll (Dollars)	Date By Which Jobs Will Be Created
Minority Female					
Minority Male					
Non-Minority Female					
Non-Minority Male					

**ESTIMATED ANNUAL TAXES TO BE PAID ONCE PROJECT IS FULLY OPERATIOAL**

	Federal	State	Local
<b>Income (Corporate)</b>			
<b>Payroll</b>			
<b>Excise</b>			
<b>Real Estate</b>			
<b>Other</b>			
<b>Total</b>			

**IX. CERTIFICATION**

I certify, as the authorized representative of the applicant company, that all information furnished as part of and in support of this application is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named in the application or support documents. I acknowledge that all information submitted to TCRPC is public record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## TREASURE COAST BROWNFIELDS CLEANUP REVOLVING LOAN FUND APPLICATION CHECKLIST

### THE FOLLOWING INFORMATION IS REQUIRED FOR ALL APPLICANTS:

- \_\_\_ Completed TCBRLF loan application.
- \_\_\_ Business Plan
- \_\_\_ Business federal tax returns for the past three years
- \_\_\_ Accountant prepared business financial statements
  - \_\_\_ Profit and loss statements for the past three years
  - \_\_\_ Balance sheet statements for the past three years
  - \_\_\_ Cash flow projections for 2 years
  - \_\_\_ Cash flow for prior 3 years
- \_\_\_ Quotes for purchase or collateral appraisal documents
- \_\_\_ Interim financial statements (no more than 90 days old for existing businesses)
- \_\_\_ Federal tax returns for each principal owner listed in Section II for past 3 years
- \_\_\_ Personal Financial Statement
- \_\_\_ Management resumes
- \_\_\_ Organizational Papers
  - \_\_\_ Articles of Incorporation
  - \_\_\_ Fictitious name statement
  - \_\_\_ Copy of business license
- \_\_\_ Environmental Assessment Report/Engineering Evaluation and Cost Analysis
- \_\_\_ Community Relations Plan
- \* \_\_\_ Non-Refundable Application Fee: 0.375 of Loan Request or Minimum of \$250