

**TOWN OF WISE ECONOMIC DEVELOPMENT AUTHORITY  
SMALL BUSINESS DEVELOPMENT REVOLVING LOAN FUND APPLICATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Tax ID/EIN: \_\_\_\_\_ DUNS: \_\_\_\_\_

**Company Ownership:**

- ☐ Sole Proprietorship  
☐ S Corporation

- ☐ Partnership  
☐ Limited Liability Corporation

☐ Private Corporation

Name	Address	% Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attorney Representing Company:**

\_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

**Accountant Representing Company:**

\_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

- 1) Provide a brief description of your proposed project (use additional pages if necessary).

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- 2) Describe the purposes for which revolving loan funds are needed (use additional pages if necessary).

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Number of full-time-time and/or part-time jobs created by the project (within 18 months of completion)? FT \_\_\_\_\_ PT \_\_\_\_\_

Amount of loan requested from RLF? \_\_\_\_\_

Term of loan requested from RLF?      ☐ 1 year      ☐ 3 years      ☐ 5 years

Source of Funding (use additional pages if necessary)

Please indicate the source(s) of funding for the entire project, as applicable.

Owner: \_\_\_\_\_ % \$ \_\_\_\_\_ Bank: \_\_\_\_\_ % \$ \_\_\_\_\_  
RLF: \_\_\_\_\_ % \$ \_\_\_\_\_ Other: \_\_\_\_\_ % \$ \_\_\_\_\_

**PARTICIPATING BANK (If applicable):**

Please submit a fully documented letter of commitment from your lender.

Name of Bank: \_\_\_\_\_

Loan Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Duration of Bank Loan: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Provide a summary of any collateral offered in guarantee of loan, including type of collateral, value of collateral and any liens or encumbrances against collateral (use additional pages if necessary):

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I/we hereby certify that the information contained in the application and in all accompanying documentation attached hereto are true, to the best of my/our knowledge and are submitted for the purpose of obtaining financial assistance from the Town of Wise EDA Revolving Loan Fund. In conjunction with this request for assistance, I hereby agree to provide such business and financial information as may be required from time to time. The EDA Board has my/our permission to use this information as is necessary to assist my business needs and to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my/our credit worthiness.

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Lender's compliance with the Equal Credit Opportunity Act.

You are not required to furnish this information but are encouraged to do so.

The law requires that the Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

### Applicant

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

#### Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

☐

I do not wish to furnish this information

#### Sex

- ☐ Male
- ☐ Female

### Co-Applicant

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

#### Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

☐

I do not wish to furnish this information

#### Sex

- ☐ Male
- ☐ Female

*Assistance from the RBEG program is provided without regard to sex, marital status, race, color religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.*

CITIZENSHIP and RURAL AREA CERTIFICATION BY RECIPIENT

I hereby certify that:

- 1) At least 51% of the outstanding ownership of \_\_\_\_\_,  
is comprised of those who are either citizens of the United States of America or  
reside in the United States after being legally admitted for permanent residence,  
and
- 2) \_\_\_\_\_ is an eligible small emerging privately owned  
business or entrepreneur located in an area meeting the USDA criteria for the  
designation of eligible Rural Area.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title