



## Town of Paradise Commercial Façade Program Loan & Grant Application

Loan amount you are requesting: \$ \_\_\_\_\_ Grant amount you are requesting: \$ \_\_\_\_\_

Applicant/Business Owner Name \_\_\_\_\_

Current Business Address \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Do you own or lease your current business location? \_\_\_\_\_ *(If leasing, please provide a copy of the lease and contact information for the landlord)*

Length of time at this address \_\_\_\_\_

If relocating, new location address \_\_\_\_\_

Anticipated relocation date \_\_\_\_\_

Will you be purchasing or leasing at the new location? \_\_\_\_\_ *(If leasing, please provide a copy of the lease)*

Have you completed a **Business Check List**? (Check one)  Yes  No *(As a condition of the Town of Paradise Business Loan/Grant you must complete a Business Check List prior to receiving actual assistance under the program.)*

Do you have a current **Business Plan**? (Check one)  Yes  No *(As a condition of the Town of Paradise Business Loan/Grant you must provide a current Business Plan or be willing to develop a Business Plan prior to receiving actual assistance under the program.)*

Type of Business: \_\_\_\_\_

Current Number of Employees \_\_\_\_\_ As a result of this financing and/or grant funding, will *additional* jobs be created? (Check one)  Yes  No If yes, how many? \_\_\_\_\_

Age of Business in years: \_\_\_\_\_

Annual Sales Revenue \$ \_\_\_\_\_ Projected \$ \_\_\_\_\_

Describe your Products/Services: \_\_\_\_\_

How are your Products/Services sold?  Walk-in Business  Representative/Distributors

Direct Mail  Telemarketing  Internal Sales Force  Other \_\_\_\_\_

Has the Business been profitable the last two (2) years? (Check one)  Yes  No

Profit *before* Taxes the last two (2) years:

Year 20 \_\_\_\_ Profit Reported \$ \_\_\_\_\_ Depreciation Expenditure \$ \_\_\_\_\_

Year 20 \_\_\_\_ Profit Reported \$ \_\_\_\_\_ Depreciation Expenditure \$ \_\_\_\_\_

Authorized Signatory First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Authorizing Signatory Title \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorizing Signatory Social Security Number: \_\_\_\_\_

Business Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Has the Business ever filed Bankruptcy? (Check one) Yes No

Have you *personally* ever filed Bankruptcy? (Check one) Yes No If yes, when \_\_\_\_\_

Are there any known issues with your Credit? (Check one) Yes No If yes, please explain:

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

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Your signature certifies that you are authorized to execute the Application for the business named, and that all information submitted is true and correct. Your signature also authorizes the Town of Paradise Redevelopment Agency to obtain consumer and/or business reports, including inquiries to the Internal Revenue Service or the Franchise Tax Board, in their names as individuals at any time. The authorized signatory further agrees to notify the Town of Paradise Redevelopment Agency promptly of any material change in any such information.

In addition, your signature also serves as authorization for release of information. This authorization may be sent to banks, credit accounts, and vendors. Such information may include, but may not necessarily be limited to credit histories and balances, employment verification, and account deposit histories and balances.

On behalf of the Company and myself I agree on behalf of the Company and myself that the Company and I will be bound as specified therein. You are authorized to check the Company's (and my) credit record.

Signature of Authorizing Signatory X \_\_\_\_\_ Date \_\_\_\_\_

Please return this information by – Fax: (530) 877-5059 or Mail: **Business & Housing Services, Town of Paradise, 5555 Skyway, Paradise, CA 95969**

***Have you included the following?***

- Digital Photos, both print and electronic files, of the existing building elevations
- A full-color Rendering, drawn to scale, of the proposed design for the primary elevations
- A Site Plan, drawn to scale
- A Business Signage Plan
- An Exterior Lighting Plan
- A Landscape Plan, *if applicable*
- A Cost Estimate listing *Labor, Materials, and Professional Design Services*