



Tri-County Economic Development Corporation
Express Business Loan Pre-Application
Town of Paradise Business Recruitment/Relocation Program
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:

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 Tri-County Economic Development Corporation and/or 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 Tri-County Economic Development Corporation and/or 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 _____

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