



Presque Isle Development Fund

INSTRUCTIONS

Please complete this application and provide the information requested on the application checklist. Confirmation of receipt of a request will be made within approximately 5 business days.

All materials submitted to the Presque Isle Development Fund (PIDF) in connection with your loan application shall become the property of the PIDF and shall be retained or destroyed in accordance with PIDF's file retention policy.

MICROLOAN APPLICATION CHECKLIST (Loans ≤ \$10,000)

Please check that the following information has been provided, either in the business plan or as a separate attachment. You may use the business plan template provided with the application or attach your own. Unsigned or incomplete applications cannot be processed.

- PIDF Micro Loan Application.
- Certificate of Completion from New Ventures Maine Business Basics Program
<https://newventuresmaine.org/programs/start-a-business/>
- A history of your company and description of your business, including the products and/or services offered. List of key management, title, brief bio, and years with the business.
- A paragraph describing the amount of financing being sought, the specific uses of the money, and its expected benefits.
- A marketing plan and a description of your market(s), including geographic reach and key customers.
- An analysis of present and future competition in the market.
- Cash flow projections by month for a minimum of one year.
- A personal financial statement and the previous year's personal tax returns for each applicant.
- If you currently hold or will hold a lease for any of your listed business locations, please provide a copy of the lease agreement(s).
- If you are buying machinery or equipment with the money from this financing, include a list of the equipment and its cost.
- If you are buying a business or real estate, please include a purchase and sale agreement.
- If your business is a:

Partnership: Please provide a copy of the partnership agreement.

Limited Liability Company: Please provide a copy of the operating agreement, and the articles of organization.

Corporation: Please provide a copy of the articles of incorporation, and corporate by laws.

If an existing business, please add:

- Current Balance Sheet.
- Year-to-date Profit and Loss Statement.
- Business Tax Returns for the past 3 years.



Presque Isle Development Fund

Loan Amount Requested: \$ _____

PIDF APPLICATION FOR FINANCING ≤ \$10,000

INFORMATION ABOUT YOU

Applicant Name: _____ Phone: _____ Email: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Property is: Owned Rented

Co-Applicant Name: _____ Phone: _____ Email: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Property is: Owned Rented

Business Advising: StartSmart WBC SBDC SCORE Other None

Name of Advisor: _____ How did you hear about PIDF: _____

INFORMATION ABOUT YOUR BUSINESS

Name of Business: _____ DBA: _____

Business Description: _____

Business Address: _____ City: _____ State: _____ Zip: _____

County: _____ Website: _____ E-mail: _____

Structure: Sole Proprietorship Partnership LLC S Corp C Corp Cooperative Nonprofit L3C

Date Established: _____ IRS Employer I.D. #: _____ DUNS: _____

Name(s) of any subsidiaries/affiliates: _____

PROPOSED FINANCING

	PIDF	Other (bank etc.)	Owner's Contribution	Totals
Land & Buildings	\$ _____	\$ _____	\$ _____	\$ _____
Inventory	\$ _____	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Working Capital	\$ _____	\$ _____	\$ _____	\$ _____
Other (Please Specify)	\$ _____	\$ _____	\$ _____	\$ _____
<i>Totals</i>	\$ _____	\$ _____	\$ _____	\$ _____

If your project includes financing from a source other than PIDF or owner's contribution, please list the source and the respective amount here: _____

BUSINESS OWNERSHIP Existing or Proposed: List the names of other owners having 20% or greater ownership interest (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Salary: _____

SUMMARY OF COLLATERAL *(Please list for each asset)*

	Present Market Value	Outstanding Debt/leases	Collateral Description
Land & Buildings	\$ _____	\$ _____	_____
Inventory	\$ _____	\$ _____	_____
Accts. Receivable	\$ _____	\$ _____	_____
Machinery/Equipment	\$ _____	\$ _____	_____
Furniture & Fixtures	\$ _____	\$ _____	_____
Other (Please Specify)	\$ _____	\$ _____	_____

BUSINESS EMPLOYMENT AND BENEFITS

Current Employment _____ FT _____ PT

Projected Employment Increases over next 36 mos. _____ FT _____ PT

Minimum Starting Wage \$ _____/hr \$ _____/hr

Employer-sponsored employee benefits: _____

REFERENCES

Name of relative not living with you _____ Phone: _____ Email: _____

If you answer yes to any of the following questions, please provide an attachment of details.

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? Yes No

Are you or your business involved in any pending lawsuits? Yes No

Do you buy from, sell to, or use the services of any entity in which someone in your company has a financial interest of 20% or more?
 Yes No

If you owe child support, are you \geq 60 days late on payment? Yes No

SUMMARY OF BUSINESS LOANS AND LEASES

Creditor Name and Address	Original Amount	Orig. Date	Present Balance	Int. %	Maturity Date	Monthly Payment	Collateral	Current or Delinquent

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

I/We understand that by signing this application I/we authorize PIDF to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. PIDF will maintain the confidentiality of this information and it will not be released without authorization.

By checking this box, I authorize Presque Isle Development Fund to share my information internally with all relevant third parties outside of the lending department who may provide technical assistance to the deal or project:

I/We understand by signing this application and receiving microfinance loan funds from the PIDF that the City of Presque Isle will have exclusive right of first refusal to fund future expansion of business operations through the Development Fund programs.

If Applicant is proprietor or general partner, sign here.

Date

Date

If Applicant is a corporation or LLC, sign here.

Corporate/Company Name

Signature of President or duly authorized officer

Date

Send all information to:

Attn: Galen Weibley
Presque Isle Development Fund
12 Second Street
Presque Isle, ME 04769
Phone: 207-760-2727
Fax: 207-764-2501
Email:
gweibley@presqueisleme.us

Business Plan (you may attach a Business Plan or fill out the following)

Description of the business:

Describe your business:

Please list the permits and licenses required to run this business (do you have them?):

What is your experience in this type of business (or related business)?

Market:

Who will buy your product/service?

Competition:

Who else is doing this? List three:

What do they do well (strengths)?

What do they do poorly (weaknesses)?

What do you do differently from them?

Promotion – How will people know about your business?

PERSONAL FINANCIAL STATEMENT

To be completed by each applicant

Address same as first page

Name: _
 Spouse/Joint Applicant: _
 Home address: _
 If less than three years, please provide prior address(es): _

Home Phone: _
 Home Phone: _
 State: _ Zip: _

Business name of Applicant/Borrower: _____

Business Phone: _____

ASSETS		LIABILITIES + NET WORTH	
A. Cash on hand & in banks		K. Total notes payable to banks & others <i>(Describe in Section 2)</i>	
B. Savings accounts		L. Total of all credit card balances	
C. IRA/other retirement accounts		M. Total of mortgages on real estate <i>(Describe in Section 3)</i>	
D. Accounts & notes receivable		N. Unpaid taxes <i>(Describe in Section 6)</i>	
E. Real Estate <i>(Describe in Section 3)</i>		O. Other debts <i>(e.g. Child Support – Describe in Section 7)</i>	
F. Stocks and bonds <i>(Describe in Section 4)</i>		P. Total liabilities (K + O)	
G. Automobile – present value			
H. Life ins. – cash surrender value only <i>(Complete Section 8)</i>			
I. Other personal property <i>(Describe in Section 5)</i>		Q. Net worth <i>(Totals Assets – Total Liabilities)</i>	
J. Other assets <i>(Describe in Section 5)</i>			
Total ₁ (A+J)		Total ₁ (P+Q)	

₁Totals should balance

Section 1.	Source of Income	Contingent Liabilities	
Salary		As guarantor or co-signer	
Net Investment Income		Legal claims & judgments	
Real Estate Income		Provision for federal income tax	
Spousal Income		Other	
Other Income <i>(Describe below)</i>			
Description of Other Income ₂ :			

₂Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Section 2. Notes payable to Banks & Others <small>(Use attachments if necessary. Each must be identified as a part of this statement and signed.)</small>					
Name & Address of Noteholders	Original Balance	Current Balance	Payment Amount	Payment Frequency	Security

Section 3. Real Estate Owned (List each parcel separately, using attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage Balance			
Payment amt. per mo./yr.			
Status of mortgage			

Section 4. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
# of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 5. Other Personal Property and Other Assets. Describe. If any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

Section 6. Unpaid Taxes. Describe type, to whom payable, when due, amount, & to what property, if any, a tax lien attaches.

Section 7. Other Liabilities.

Section 8. Life Insurance Held. Give face amt & cash surrender value of policies, name of insurance co. & beneficiaries

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. I certify the statements contained herein and in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that falsifying statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

I authorize Lender to respond to any inquiries from others concerning the Lender's credit experience with the undersigned. I understand Lender may provide information about my credit experience with Lender to credit reporting agencies.

Signature Today's Date Soc. Sec. # DOB

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