PROGRAM APPLICATION

Small Enterprise Assistance Loan (SEAL) Program

Enterprise Name: _____

Owner(s)/Officer(s): _____

Phone Number: _____

Email Address: _____

Website: _____

ENTERPRISE INFORMATION

Organization Status: ☐ For-Profit   ☐ Non-Profit

Form of Entity: ☐ Sole Proprietorship   ☐ Partnership   ☐ LLC   ☐ Other

Total Full-Time Employees: _____

Description of Business: _____

_____

Opening Date: _____

DBA or Trade Name: _____

Tax ID Number: _____

Primary Operating Address: _____

City: _____ State: _____ Zip: _____

Location: ☐ Owns Space   ☐ Rents Space   ☐ Operates Out of Owner's Home

LOAN REQUEST INFORMATION

Amount Requested: ☐ $5,000   ☐ $7,500   ☐ $10,000   ☐ $15,000   ☐ $20,000

Intended Use of Funds: ☐ Operational   ☐ Physical

Explain the Intended Use of Funds:

_____

_____

_____

_____

_____

FINANCIAL INFORMATION

Bank Name:_____

Bank Contact:_____

Accountant Name:_____

Accountant Contact:_____

VERIFICATION INFORMATION | Please disclose if the enterprise:

Has any code violations	☐ Yes	☐ No
Has any existing debt obligations	☐ Yes	☐ No
Has any tax liens	☐ Yes	☐ No
Has filed for bankruptcy	☐ Yes	☐ No
Has defaulted on any debts	☐ Yes	☐ No
Owes taxes for prior years	☐ Yes	☐ No
Is currently a party to any claim or lawsuit	☐ Yes	☐ No

If you answered yes to any questions, please explain below:

_____

_____

_____

REQUIRED DOCUMENTS | Please provide the following documents with your application:

- ☐ COMPLETED AND SIGNED APPLICATION

- ☐ COPY OF DRIVER'S LICENSE OR STATE-ISSUED ID CARD

- ☐ COPY OF VALID NORCO BUSINESS LICENSE

- ☐ COPY OF OFFICIAL DOCUMENTATION VERIFYING AUTHORIZATION TO SIGN ON BEHALF OF THE BUSINESS/ENTERPRISE

- ☐ PROFIT & LOSS STATEMENT OR BUSINESS TAX RETURN (2 YEARS)

- ☐ BUSINESS BANK STATEMENT (LAST 12 MONTHS)

- ☐ ITEMIZED BUDGET FOR PROPOSED USE OF FUNDS

- ☐ PROOF OF COMMERCIAL LIABILITY INSURANCE

- ☐ PROOF OF WORKERS COMPENSATION INSURANCE (IF APPLICABLE)

- ☐ SIGNED DOCUMENT, PROGRAM AND AUTHORIZATION AGREEMENTS

DOCUMENT AGREEMENT

I/we understand that the SEAL Program Loan Committee has the authority, based on reasonable grounds, to request additional items that are relevant to my credit worthiness.

ENTERPRISE REPRESENTATIVE 1:

Printed Name: _____ **Signature:** _____

Title: _____ **Date:** _____

ENTERPRISE REPRESENTATIVE 2:

Printed Name: _____ **Signature:** _____

Title: _____ **Date:** _____

PROGRAM AGREEMENT

I/we hereby certify that I have read and understand the attached guidelines, I am authorized to apply for funding from the City of Norco's Small Enterprise Assistance Loan (SEAL) Program on behalf of the business/enterprise and the information provided on this application and attachments is true and correct to the best of my knowledge, under penalty of law:

ENTERPRISE REPRESENTATIVE 1:

Printed Name:_____ **Signature:**_____

Title: _____ **Date:** _____

ENTERPRISE REPRESENTATIVE 2:

Printed Name:_____ **Signature:**_____

Title: _____ **Date:** _____

AUTHORIZATION AGREEMENT

I/we hereby authorize the City of Norco to make any credit inquiries it deems necessary in connection with my business or personal credit application or in the course of review or collection of any credit extended in reliance to this application. I/we authorize any person or consumer report agency to compile and furnish any information it may have or obtain in response to such credit inquiries. I/we agree to pay or reimburse the City for the cost of any surveys, title insurance, appraisals, credit reports, etc. performed by the City or designated contractor provided I/we have given my/our consent.

I hereby authorize the release of this information whether the signature below is original or a copy.

ENTERPRISE REPRESENTATIVE 1:

Printed Name:_____ **Signature:**_____

Title: _____ **Date:** _____

ENTERPRISE REPRESENTATIVE 2:

Printed Name:_____ **Signature:**_____

Title: _____ **Date:** _____