CITY OF OKLAHOMA CITY MURRAH DISTRICT REVITALIZATION ECONOMIC DEVELOPMENT **REVOLVING LOAN FUND**

APPLICATION

	(Please print	or type)				
	Date:					
	General Busines	s Information				
Business Name	ness Name Tax ID Number:					
Street Address:						
City, State, Zip:						
Felephone: ()#of Employees Present Management Since:						
TYPE OF OWNERSHIP: So	ole ProprietorshipPartn	nershipLLCCorpor	ationSub S Corporation			
Business Owners(s): Address	Title	Social Security No	% of Ownership			
Your Accountant/ Bookkeeper:						
Tour recommune Bookkeeper.			Phone Number			
Your Insurance Company/ Agent			Phone Number			
Your Attorney:						
			Phone Number			
Partnering Bank(s):						
Partnering Bank Loan Officer(s):						
· · · · · ·			Phone Number(s)			
What geographic location does your l	ousiness service?					
Are all business taxes current?Ye	esNo Has applicant or a	any owner declared bankruptcy	y in last 10 yrs? Yes/No			
Please provide detailed responses copies of all relevant documentati						
	LOAN REQUE	ST INFORMATION				
Loan Amount Requested: \$	Use of Loan Proceeds:	Real Estate \$	Equipment \$			
Sources of Repayment:	Troccous.					
Primary:		Other \$(specify)	Working Capital \$			

Other:

Proposed Collateral for	or the L	.oan:						
(List Collateral, show value	ation and	attach suppo	rting document	tation, if availab	le)			
Amount of private equit	y or cas	h investmen	nt? \$					
Will you be applying fo If so, provide source(s)	r Histor and proj	ic, New Mar ected equity	rket or Low In r/rate of sale _	ncome Housin	g Tax Credits?	Yes	No	
Existing Business					s and obligation			standing
Indebtedness Payable to:	*Pl	ease "X" an Original	y existing ind Original	lebtedness that Current	you plan to pa	ay off with this Maturity	loan. Monthly	Collateral
Tayable to:	1	Amount	date	Balance	Rate	Date	Payment	Condicion
			Ado	litional Inform	nation			
Please tell us more abou	ıt you ar	nd your busi	ness. If you re	equire additior	nal space, you	may attach ado	litional page	s.
Brief history of your bu	-		•	•		•		
What are your qualifi attached:)		_	_	for operating		d business ac	etivity? (A	resume may be
Who are your major o	competi	tors? Wha	t unmet need	d will the bus	iness serve?			
Business Mailing Addre	ess:							
				Ct. t			7.	
City:								
Physical Address of Bus								
City:				State:			_Zip:	

Complete legal description(s) and tax I.D. number(s) for all real estate to be used as collateral for the	is loan:
egal Name of Current Property Owner/Business Entity:	
ontact Name (if different from current owner):	
onact (value (if different from eartern owner).	Phone Number
egal Name of new Corporation or LLC for this transaction (if applicable)	Thone Tumber
egal Ivalite of new Corporation of EEC for this transaction (if applicable)	
mount of Down Payment \$	Member/Manager
ther Equity (e.g. cash previously paid for land acquisition) \$	
ave you received financial assistance from any other sources?YesNo	
yes, please describe below:	
ate of Assistance: ource(s):	
mount Received: \$or what purpose?	
or what purpose:	
lata of Assistance	
ate of Assistance: purce:	
mount Received: \$ ource:	
the subject property currently occupied? Yes No	
yes, please describe present use:	
re there existing tenants who will need to be permanently or temporarily relocated?Yes _	No
Till your project involve restoration or rehabilitation of an existing structure? Yes Note ar Built?)
oes project proposal include preservation or adaptive reuse of a historic structure? Yes	No
the required zoning in place to accommodate your proposal? Yes No not, is application for rezoning underway? Yes No.	
Till your project result in permanent job creation? Yes No. If so, number of full ti	ime jobs to be created
umber of new jobs earning more than \$15 per hour?	
mployees to be relocated?Temporary positions? Part Time Employees?	

Will proposed business generate new sales tax revo	enue? Yes No.	
Has a Phase I environmental report been complete	d on the subject property?	Yes No
Does your proposal include contracting with Mino	rity and/or Women's Business Ente	erprises? Yes No
Will proposed business(es) actively seek to hire Se	ection 3 employees? Yes	No
What is the short-term goal for the proposed busin		
What is the long-term plan for the proposed busine	ess?	
Please provide a brief written summary requested in item no. 6 a.) of the Scorin to attached additional documentation to information may be requested following	ig section in the current sol hat can further support yo	icitation. You are also encouraged ur application. Additional
	Certification	
As an authorized agent of the Applicant, I/We cert application is true insofar as is necessary to preven are authorized to obtain credit reports and to check information about its credit experience with Applic Oklahoma City and its agents are also authorized trindividuals signing below.	t the same from being misleading, credit and trade references in conreant to credit reporting agencies and	The City of Oklahoma City and its agents nection with this application, and disclose d in response to inquiries. The City of
Applicants agree that the City of Oklahoma City, a participating lender(s) in fulfillment of the lender's Oklahoma City may communicate by phone and/o foreclosure actions related to the subject property to	s underwriting requirements. Application remail with the participating lender	cants further agree that the City of
PENALTY FOR FALSE OR FRAUDULENT STA within the jurisdiction of any department or agency fictitious or fraudulent statement or representation, any false, fictitious or fraudulent statement or entry or both."	of the United States knowingly ar or makes or uses any false writhin	nd willfully falsifiesor makes any false, g or document knowing the same to contain
Authorized Signature (of Applicant)	Title	Date
Authorized Signature (of Applicant)	Title	Date
Authorized Signature (of Applicant)	Title	Date