

Adams County Small Business Emergency Loan Program

Loan Application

For

Business _____

Address _____

City _____, Zip _____

Contact _____ Title _____

Phone (____) _____

Email _____

Submitted on

Date _____

Administered by

Two Rivers Regional Council of Public Officials

P.O. Box 827, Quincy, IL 62306-0827

Phone: 217-224-8171

**ADAMS COUNTY
SMALL BUSINESS EMERGENCY LOAN APPLICATION**

APPLICANT INFORMATION

Loan Applicant: _____
Home Address: _____
City, State, Zip: _____
Home Phone: (____) _____ Mobile Phone: (____) _____
Office Phone:(____) _____ Email: _____

BUSINESS INFORMATION

Type of Business Entity: ___ Corporation ___ S Corporation ___ Partnership
___ Limited Liability Co. ___ Proprietorship
Fed. Employer ID. No. (FEIN): ____ - _____
Ill. Unemployment Ins. Acct. No. _____ - _____
Date Business started: _____
Date Business to be started: _____
Business Name: _____
Business Address: _____
City _____, IL Zip _____
Business Phone No.: (____) _____
County: _____ NASIC No.: _____
Brief description of business: _____

BANK INFORMATION

Lending Institution: _____
Address: _____
City _____, State _____, Zip _____
Lending Officer: _____ Title _____
Phone w/Ext.: (____) _____ Ext. _____
Loan details:
Amount: \$ _____
Rate: _____ %
Term: _____ years
Balloon: _____
Collateral: _____
SBA Guarantee: _____
Co-signer: _____

BUSINESS OWNERSHIP INFORMATION

All persons owning 20% or more of this business. All officers and directors if a corporation. (add additional sheets if necessary)

Name: _____

Title: _____

SSN: _____

Address: _____

City _____, IL Zip: _____

Percent of Ownership: _____ Home Phone: (_____) _____

Name: _____

Title: _____

SSN: _____

Address: _____

City _____, IL Zip: _____

Percent of Ownership: _____ Home Phone: (_____) _____

Name: _____

Title: _____

SSN: _____

Address: _____

City _____, IL Zip: _____

Percent of Ownership: _____ Home Phone: (_____) _____

Name: _____

Title: _____

SSN: _____

Address: _____

City _____, IL Zip: _____

Percent of Ownership: _____ Home Phone: (_____) _____

PROJECT AND HIRING INFORMATION

Nature of Project:

- ____ New Business Startup
- ____ Expansion of Existing Business
- ____ Acquisition of an Existing Business
- ____ Small Business Emergency Working Capital Loan

The project will result in the following number of:

- ____ Jobs being created
- ____ Jobs being retained

Current Management Since:

Employees as of March 1, 2020: Full-Time:_____Part-Time:

Current Number of Employees working on-site: Full-Time:_____Part-Time:

Current Number of Employees working remotely: Full-Time:_____Part-Time:

Revenue in March 2019: _____Revenue in March 2020:

Loan Information

Amount Requested from Small Business Emergency Loan Fund:

Reason for Applying:

Describe how funds will be used to maintain business operations or to reopen after the disaster:

Describe how the funds will be repaid:

PLEASE SUBMIT REQUIRED DOCUMENTATION

- A. 2019 Federal Business Income Tax Return (if filed). If not filed, a year-to-date profit and loss statement as of 12/31/19.
- B. Employer Tax Documentation.
 - a. IRS Form W-2s and/or IRS Form 1099-MISC (for minimum of two employees).
- C. The previous 12 months of ST1 Forms (Illinois Sales Tax) if required to file.
- D. 2019 (if filed) and 2018 Federal Individual Income Tax Return
- E. Personal Financial Statement for each owner of over 20%.
- F. Current balance sheet for the business. (within 15 days of application date)
- G. A completed IRS Form W-9. (Request for Taxpayer Identification Number and Certification)
- H. Additional documents required:
 - 1. If your business is a **corporation** a resolution from the board of directors approving the loan and confirming the name of the party that will sign on behalf of the corporation.
 - 2. If your business is a **limited liability company (LLC)** the Operating Agreement for the LLC
 - 3. If your business is a **partnership** a copy of the partnership agreement.
 - 4. Additional financial documentation may be required.

Certification & Release

Has the applicant, business, or any current owner ever been involved in a bankruptcy or insolvency proceeding?	Y / N
Are there any outstanding judgments, tax liens, or pending lawsuits against the applicant, business or any current owner?	Y / N
Is the applicant, business, or any current owner delinquent on any city, county, state or federal taxes, loans, grants, or contracts or on child support payments?	Y / N
Is the applicant, business, or any current owner barred from contracting with the city, county, state, or federal governments or from receiving loans from such entities?	Y / N
Has the applicant or any current owner been arrested in the past six months for any criminal offense? If yes, please explain:	Y / N
Is the applicant or any current owner presently subject to an indictment, criminal information, arraignment or other means by which formal criminal charges are brought in any jurisdiction? If yes, please explain:	Y / N
Other than a minor vehicle violation, has the applicant ever 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pre-trial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?	Y / N

AUTHORIZATION AND CERTIFICATION

I (We) hereby authorize the applicable funding source, Adams County, Illinois and Two Rivers Regional Council of Public Officials, administrator of the program, to make such inquiries as necessary to verify information furnished herein and to determine my (our) credit worthiness. I (We) hereby certify that the above statements and any statements made in attachments hereto, are true and accurate as of the date affixed to this document. The statements made herein are for the purpose of either obtaining a loan or guaranteeing a loan. I (We) understand and am (are) fully aware that FALSE statements may result in forfeiture of all benefits.

Applicant further attests that all of the answers, documents, projections and statements furnished in this application are truthful to the best of their knowledge at this date. Applicant hereby authorizes the funding source(s) to verify in any manner deemed appropriate any information furnished in this application and to seek information about the current status of applicant’s business and/or personal credit rating and such other relevant information as deemed necessary, which may include but is not limited to asking for tax clearance letters from the federal Internal Revenue Service, Illinois Department of Revenue Income Tax Division and Retailers Occupational Tax Division, credit bureau records, circuit court records and a criminal history records check.

Signature	Date	SSN
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Signature	Date	SSN
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Permission to Obtain Consumer Credit Report

I give Two Rivers Regional Council of Public Officials permission to obtain and use my consumer credit report and information for the purpose of analyzing my application for a business loan. I also give permission to Two Rivers Regional Council to make this information available to Adams County, Illinois, the source of funding for this loan.

Signature

Name (print)

Address

City, State, Zip

Date of Birth*

SSN

Date

*Date of Birth is required to improve the ability to obtain the correct credit report. Age is not a factor in making the credit decision.