

CITY OF PORTERVILLE
BUSINESS ASSISTANCE
REVOLVING LOAN FUND
PRELIMINARY LOAN APPLICATION

Applicant Name(s): _____ Tax ID# _____

Home Address: _____

Business Address: _____

Phone #: Day () _____ Evening () _____

Please Check One: New Business Existing Business

Existing Business – Please Complete

Type of Business _____

DUNS # _____

Years in Operation _____ Employees: Full-Time _____ Part-time _____

Approximate Annual Revenues: \$ _____

Facility is: Owned Leased Looking for Space

Existing and New Business – Please Complete

Primary Activity: Manufacturing Service Wholesale/Distribution Retail

Ownership: Corporation Partnership Sole Proprietorship LLC

Purpose of Loan: New Construction Building Rehabilitation
 Machinery or Equipment Working Capital

Funding

Project Funding Sources

Business Contribution: \$ _____

Private Lender: \$ _____

Requested RLF Funds: \$ _____

Total Project Costs: \$ _____

Labor Information:

Number of Employees: Full-Time _____ Part-Time _____

Number of Jobs Created by Project: Full-Time _____ Part-Time _____

Ratio of Jobs Created by Funding (1:\$35,000): _____

Additional Information:

Please include the following exhibits:

Exhibit 1: Detailed description of the proposed project, including cost summary

Exhibit 2: Business Tax Returns, along with Income and Expense statements, for past three years
OR Personal Tax Returns for past three years

Exhibit 3: Copy of most recent business financial statement.

Exhibit 4: Recent Credit Report

Exhibit 5: Business Plan

Exhibit 6: Business License and other permits required for business

I certify to the best of my knowledge that the above information and attachments are correct. I understand that funds are limited and acceptance of application does not guarantee a funding commitment or project approvals from the Business Assistance Revolving Loan Program. I authorize the City of Porterville to obtain all necessary credit report (business and personal) and inquiries to verify the accuracy of the above statements and to determine creditworthiness pertaining to this loan request.

All outreach efforts will be done in accordance with state and federal fair lending regulations to assure nondiscriminatory treatment, outreach and access to the Program. No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability or handicap, marital or familial status, medical condition, national origin, race, religion, gender, sexual orientation, or other arbitrary cause be excluded, denied benefits or subjected to discrimination under the Program. The City will ensure that all persons, including those qualified individuals with handicaps have access to the Program

Signature

Date

Title

Signature

Date

Title





PIPKIN DETECTIVE AGENCY

4318 W. Mineral King
Visalia, CA 93291
(559) 622-8889 telephone * (559) 622-8890 facsimile

APPLICANT BACKGROUND INQUIRY RELEASE

In connection with my application, I understand that investigative background inquiries are to be made on me that may include criminal, civil, vehicle, credit and other miscellaneous reports. These reports may include information as to my character, work habits, performance and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities related to my driving, criminal and civil history and other experiences. Upon written request additional information as to the nature and scope of these background checks will be provided.

I authorized without reservation PDA, Inc. to furnish any of the above-mentioned information to the City of Porterville. I understand that to aid in the proper identification of my file or records the information requested below is required. This information will be used for identification only and will not, except as expressly job related, form the basis for an employment decision. Please include any previous addresses where you have resided over the past ten years.

First name		Middle name		Last name	
Social Security Number		Date of Birth		Sex	
Aka's, Maiden name, etc.			Drivers License Number		
Current address			City, State		Zip Code
Telephone Number					
Previous address		City, State		Zip Code	
Previous address		City, State		Zip Code	

Applicant's signature: _____ Date: _____