Ontario County Economic Development Corp.
20 Ontario St.
Canandaigua, N.Y. 14424

SMALL BUSINESS LOAN PROGRAM APPLICATION

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THIS APPLICATION

LEGAL NAME OF APPLICANT

Legal Name

DBA Name, if applicable

LOAN REQUEST

Loan Product	Amount Requested	Term Requested	Business Purpose
☐ Working Capital	$		
☐ Leasehold Improvements	$		
☐ Equipment Term Loan	$		
☐ Real Estate (Purchase or Construction)	$		
	$		

COLLATERAL OFFERED TO SECURE THE LOAN

Type of Collateral	Estimated Value	Source of Value, Please Attach Detail Schedules	Any Existing Lien?/$ Amount
	$		
	$		
	$		
	$		

Is the collateral being pledged owned by someone other than the business or the owners of the business? ☐Yes ☐ No

BUSINESS INFORMATION

Business Legal Name		Tax ID	
Primary Business Address	City:	State:	Zip Code
Primary Business Address: ☐ Own ☐ Rent			
Physical Business Address (if different from above)	City:	State:	Zip Code
Physical Business Address: ☐ Own ☐ Rent			
Web Site Address	Phone ( )	Fax ( )	
Nature of Business			
Date Business Established (mo./year)	Present Ownership Since (mo.year)	# of employees	
Annual Gross Sales/Revenues (last fiscal year) $			
Business Structure ☐ Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ C-Corporation S-Corporation ☐ Professional Corporation ☐ Limited Liability Company ☐ Other:			

BUSINESS DEPOSIT ACCOUNTS

Name of Financial Institution	Type of Account	Current Balance	6 Month Average Balance
			$
			$
			$

BUSINESS DEBTS

Name of Creditor	Loan Type (Term, Line, etc.)	Limit or Orig. Amount	Current Balance	Monthly Payment	Pmt. Type (P&I, Int. only, etc.)	Maturity Date
		$	$	$		
		$	$	$		
		$	$	$		

If you will be refinancing any of the above loans with this request, please mark the loans to be paid off with an asterisk (*).

PANDEMIC IMPACT

Did the business receive a EIDL Loan? ☐ Yes ☐ No	Amount Received: $	Current Balance: $	Monthly Payment: $
Did the business receive a PPP Round 1 Loan? ☐ Yes ☐ No	Amount Received: $	Institution:	Forgiven? ☐ Yes ☐ No
Did the business receive a PPP Round 2 Loan? ☐ Yes ☐ No	Amount Received: $	Institution:	Forgiven? ☐ Yes ☐ No
Business continues to experience impact from COVID-19? ☐ Yes ☐ No			
Describe Impact from COVID-19			

PLEASE GIVE THE FOLLOWING INFORMATION ON ALL OWNERS/PRINCIPALS (attach additional app. if necessary)

Owner/Principal Name			
Home Address	City	State	Zip Code
Home Phone ( )	Social Security No.	Date of Birth	
Residence ☐ Own ☐ Rent ☐ Other: (describe)	Years There		
Checking Account With	6 Month Average Balance $		
Percent Ownership in Business	Title/Position		
Total Assets $	Total Liabilities $	Net Worth $	
Monthly Gross Salary $	Monthly Other Income* $	Other Income Source	
Monthly Revolving Credit Payments $	Monthly Mortgage or Rent Payment $	Other Monthly Debt Payments $	

Owner/Principal Name			
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Home Phone ( )	Social Security No.	Date of Birth	
Residence ☐ Own ☐ Rent ☐ Other: (describe)	Years There		
Checking Account With	6 Month Average Balance $		
Percent Ownership in Business	Title/Position		
Total Assets $	Total Liabilities $	Net Worth $	
Monthly Gross Salary $	Monthly Other Income* $	Other Income Source	
Monthly Revolving Credit Payments $	Monthly Mortgage or Rent Payment $	Other Monthly Debt Payments $	

Owner/Principal Name			
Home Address	City	State	Zip Code
Home Phone ( )	Social Security No.	Date of Birth	
Residence ☐ Own ☐ Rent ☐ Other: (describe)	Years There		
Checking Account With	6 Month Average Balance $		
Percent Ownership in Business	Title/Position		
Total Assets $	Total Liabilities $	Net Worth $	
Monthly Gross Salary $	Monthly Other Income* $	Other Income Source	
Monthly Revolving Credit Payments $	Monthly Mortgage or Rent Payment $	Other Monthly Debt Payments $	

*You are not required to disclose alimony, child support, separate maintenance income or its source, unless you want it considered in connection with this application.

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION

Is your business involved in or does any income come from internet gambling operations? ☐ Yes ☐ No		
Has the business ever declared bankruptcy? ☐ Yes ☐ No	If Yes, Chapter	Date of Filing
Has any principal/owner ever declared bankruptcy? ☐ Yes ☐ No	If Yes, Name and Chapter	Date of Filing
Are there any delinquent taxes owed by the business or any principal/owner? ☐ Yes ☐ No	If Yes, Explain	
Is there any pending litigation or unsatisfied judgements for the business or any principal/owner? ☐ Yes ☐ No	If Yes, Explain	
Is the business or any principal/owner contingently liable for any debts? ☐ Yes ☐ No	If Yes, Explain	
Does any one customer represent more than 10% of annual sales/revenues? ☐ Yes ☐ No	If Yes, Customer Name and Percentage	
Is the business for sale or under agreement that would change the ownership? ☐ Yes ☐ No	If Yes, Explain	
Has the business incurred a loss in the last 3 years? ☐ Yes ☐ No	If Yes, Explain	

PLEASE INCLUDE THE FOLLOWING WITH YOUR LOAN APPLICATION

- Proof of funds available to contribute to the project (Owner's 25% equity stake)
- Copy of Driver's License for each owner and/or signer
- If purchasing equipment or a vehicle, include copy of invoice.
- If for leasehold improvements or Real Estate, copies on cost estimates and/or purchase contract

By signing below and submitting this application, the business or principal/owner represents and agrees, personally and on behalf of the company, as follows: The undersigned certifies that the current information and attached financial statements are, and those submitted in the future will be, true and complete. The undersigned also certifies that the full loan proceeds will be used exclusively for business related purposes. The County of Ontario and/or The Canandaigua National Bank & Trust Company, (Loan Servicer) is authorized to make inquiries and obtain information on both the business and its owners from any business creditor, consumer creditor or other source that the County feels necessary to process this application. Subsequent Credit Reports may be requested or utilized in connection with an update, renewal, or extension of existing or future extensions of credit. If the undersigned asks, the County will tell the undersigned the name and address of the Credit Bureau from which the County/Bank obtained a credit report on the undersigned and the specific reason for credit denial if this application is denied.

Business Name _____

Signature_ _____ Title _____ Date_____
_____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____