



OPEN SPACES. VIBRANT PLACES.

Company Information

Applicant or Legal Name of Company: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if different): _____ City: _____ State: _____ Zip: _____
Primary Contact: _____ Title: _____
Business Telephone Number: _____ Federal Tax Identification Number or
Business Facsimile Number: _____ Social Security Number _____

Type of Organization:

Sole Proprietorship Corporation Limited Liability Corporation
 General Partnership S-Corporation Limited Liability Partnership
 Limited Partnership Non-profit Organization Other: _____

Industry / Business Type:

Manufacturing Wholesale Other _____
 Service Retail

Annual Revenues \$: _____ Date Established: _____ Current ownership and control since: _____

Provide a brief narrative explaining how the project relates to COVID-19 (Attach if necessary)

Has this business received or applied for any additional federal or state funding related to COVID-19? If yes, please certify those funds are not being utilized for this project: Yes No

How many jobs do you anticipate retaining or creating?

Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding? Yes* No

Is your business or are any principals of the business currently involved in any pending judgments, claims, or lawsuits? Yes* No

Does your business have any tax or employee payments which are delinquent or in dispute? Yes* No

Do you have any outstanding payment issues with Pasco County Government? Yes* No

***If you answered yes to any of the questions listed above, please provide a written explanation.**

OFFICE OF ECONOMIC GROWTH

727.815.7092 I West Pasco Government Center I 8731 Citizens Drive, Suite 350 New Port Richey, FL 34654

Ownership / Management Information: (list all owners owning 25% or more of Company)

Name	Social Security #	Title	% Ownership	Number of Years in this Line of Business	Monthly Building Payment

Business Account - Account Where Loan Disbursement Will Be Deposited

Bank Name	Location or Phone Number	Account Type	Account Number	Balance

Business Indebtedness * Attach Credit Report

To Whom Payable	Credit Type	Curr Balance or Credit Limit	Monthly Payment	Interest Rate	Collateral Pledged

Loan Request Information

Redevelopment Loan Requested Amount \$: _____ Requested Terms: _____

The undersigned certifies that all the statements in this Business Loan Application and on each of the documents submitted with the application are true and complete.

By: _____ Title: _____ Date: _____

*May be from any of the 3 credit bureaus or credit monitoring services

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