



Wisconsin's Heartland . . . On the Grow

REVOLVING LOAN FUND APPLICATION

SECTION I-APPLICANT INFORMATION

| | |
|--|--|
| Legal Entity: <input type="checkbox"/> C Corp Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Nonprofit (Attach copies of IRS documents showing acceptance of Federal Tax Exempt Status) | |
| Legal Name (as it appears on W-9 or IRS filings for non-profit): | |
| Trade Name: | |
| Mailing Address: | |
| City, State, Zip: | |
| FEIN: (Federal Employee Identification Number –Tax ID or Social Sec. #) | State of Organization (Per Articles of Incorporation/Organization): |
| Date Established: | |
| Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Country: | Percent of Ownership: % |
| Fiscal Year End Date (MM/DD): | Primary Product or Service: |
| Website URL: | Phone (Head of Organization): |
| Head of Organization: | Title: |
| Email: | |
| Check box if W-9 is attached to the application <input type="checkbox"/> | |
| Check Marital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/> | If Married, Spouse Name: |

CONTACTS

| | |
|-------------------------------------|-------------------------|
| Application Project Contact: | Title: |
| Email: | Company: |
| Phone: | Mailing Address: |
| City, State, Zip: | |
| Company Financial Contact: | Title: |
| Email: | Company: |
| Phone: | Mailing Address: |
| City, State, Zip: | |
| | |
| | |

DEMOGRAPHICS (Please check all that apply)

| | |
|--|--|
| Is the business/organization - | |
| Minority Business Enterprise: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Woman Business Enterprise: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran Business Enterprise: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service-Disabled Veteran-Owned Business Enterprise: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

SECTION II-EMPLOYMENT

CURRENT EMPLOYMENT

(Sheboygan County will confirm employment based on payroll data. You are required to provide payroll with application.)

| | | |
|--|--|---------------------------------------|
| Total Company Employment: | Total County Employment: | |
| Total Company Full Time Employment: | | |
| Number of hours annually considered full time employment and eligible for benefits: | | |
| Number of hours average full time employee works: | | |
| Enter the physical address of each Wisconsin facility of the Applicant Entity and related entities, as well as any other entities housed at the project site(s). Include number of full-time employees (i.e., persons employed directly by the company, not a temp agency). | | |
| Address (Street, City, Zip): <small>If the employee works remotely, please list the address of payroll site</small> | Project Location: | Number of Full Time Employees: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Employment data as of:

SECTION III - BENEFIT INFORMATION

| | | | |
|---|-------------------------------|-------------------------------------|---------------------------------|
| Employer-Sponsored Health Insurance Provided to Employees: | <input type="checkbox"/> None | <input type="checkbox"/> Individual | <input type="checkbox"/> Family |
| Percent of Health Insurance Premium Paid by Company: | | % | % |
| Other Benefits Provided to the Majority of the Workforce: | | | |
| Will new employees be provided with substantially the same benefits as described above? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If no, please explain: | | | |
| If health care benefits are not being provided, explain other health care options available to employees: | | | |

SECTION IV - OWNERSHIP INFORMATION

OWNERSHIP BREAKDOWN

(Complete the ownership breakdown table, listing all individuals who own 20% or more of the company)

| Full Legal Name <small>(first, middle if applicable, last):</small> | Date of Birth <small>(mm/yyyy):</small> | Email Address: | Ownership % |
|--|--|----------------|-------------|
| 1. | | | % |
| 2. | | | % |
| 3. | | | % |
| 4. | | | % |
| 5. | | | % |
| All Others: | | | % |
| Total: | | | 100% |
| Notes: | | | |

A separate email will be sent to each individual with 20% or more ownership interest in an applicant company.

SECTION V - INFORMATION ON LEGAL PROCEEDINGS

| | |
|--|--|
| Has the applicant been involved in a lawsuit in the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant been involved in a bankruptcy or insolvency proceeding in the last 10 years, or are any such proceedings pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant been charged with a crime, ordered to pay or otherwise comply with civil penalties imposed, or been the subject of a criminal or civil investigation in the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have any outstanding tax liens? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please attach a detailed explanation of any YES responses. | |

PROJECT INFORMATION

Project Location: City Town Village of:

Project Street Address:

Project Start Date:

Project End Date:

Detailed Project Description:

| | | | |
|------------------|----|----------------------|--|
| RLF Funding: | \$ | Jobs to be created: | |
| Non RLF Funding: | \$ | Jobs to be retained: | |
| Project Cost: | \$ | Total Employment: | |

SOURCES AND USES OF FUNDS

| Uses | Bank | Other | RLF | Total |
|-------|------|-------|-----|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

| COLLATERAL | Present Market Value | Balance |
|-------------------------|----------------------|---------|
| Land & Building | \$ | \$ |
| Machinery and Equipment | \$ | \$ |
| Accounts Receivable | \$ | \$ |
| Other: | \$ | \$ |
| Other: | \$ | \$ |
| Total: | \$ | \$ |

INDEBTEDNESS

| To Whom Payable | Present balance | Int Rate | Maturity Date | Payment | Security |
|-----------------|-----------------|----------|---------------|---------|----------|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

Amounts should correspond with the most recent interim financial statement.