MRPC CARES-RLF LOAN APPLICATION: WORKING CAPITAL AND FIXED ASSET LOANS OVER \$50,000

-Type or use Blue or Black ink only -

*Loan applications must include all information requested on the loan application checklist (as applicable) to be eligible

INSTRUCTIONS FOR COMPLETING LOAN APPLICATION:

- **Sections I, II, and III:** Provide all information requested. 'Contact' refers to the proprietor, general partner, corporate officer, member, etc. 'Applicant' refers to the borrowing entity.
- **Section IV:** SOURCES AND USES OF FUNDS: List all sources of financing and use of loan proceeds. If loan use is "other", attach separate sheet outlining intended use, sign, and date.
- Section V: SUMMARY OF COLLATERAL, KEY MAN LIFE INSURANCE: If collateral consists of land and building, inventory, and/or accounts receivable, fill in the appropriate blanks, If collateral consists of equipment, furniture, and fixtures, and/or other, an itemized list containing make, model numbers, serial number, and description must be provided. Key Man Life Insurance may be required.
- **Section VI:** Refers to borrowing entity.
- **Submit \$500 non-refundable loan application fee,** complete loan application with all required signatures, information, and/or attachments to MRPC CARES RLF, #4 Industrial Drive, St. James, MO. 65559.

	s to the proprietor, general partner, corporate office, member, etc.): Phone: ()
Home Address:	
	Email:
Business Address:	
	x: ()Email:
Year Business Established:	
	NAICS Code:
S Corporation	General Partnership Limited Partnership Not Yet Determined Limited Liability Partnership
CURRENT AND PROJECTED EMPLOY	MENT:
	_ Full-Time (include current <u>full-time</u> employees only)
Projected Year 1:	Full-Time
explain on a separate sheet.	ver been involved in bankruptcy or insolvency proceedings? If yes, please YES NO
Are you or the business involved in any pe	ending lawsuits? If yes, please explain. YES NO
PROFESSIONAL SERVICES/REFERE	ENCES:
BANK:	Contact:
	Phone and Email:
	
ATTORNEY:	Contact:
A ddmagg.	Dhone and Emaile

ACCOUNTANT:Address:			Contact:			
INCLID ANCE CO.				G		
INSURANCE CO:						
Address:				Phone and Em	a11:	
III. MANAGEMENT I attach additional sho						
Owner #1						
Name & Title:					wnership:	%
Social Security Number:						
Source of Income			Conti	ngent Liabilities		
Salary	\$			ser/Co-Maker	\$	
Investment Income	\$			Claims/Judgments	\$	
Real Estate Income	\$			al Income Tax	\$	
Other, explain:	\$			explain:	\$	
				,	1	
Name & Title: Social Security Number: Source of Income						
	<u>\$</u>			ser/Co-Maker	<u>\$</u>	
Salary Investment Income	\$			Claims/Judgments	\$	
Real Estate Income	\$			al Income Tax	\$	
Other, explain:	\$			explain:	\$	
				•		
IV. SOURCES AND U		ist all source:	s and u	eses of financing, at	tach additional sh	
	APPLICANT'S CASH EQUITY	BANK (if applical		MRPC CARES-RLF	OTHER FINANCING	TOTAL PROJECT COST
Acquire Land						
Acquire Land & Building						
Renovations						
Leasehold Improvements						
Machinery/Equipment						
Working Capital						
Other, specify:						

\$

TOTALS \$ \$ \$ S

Note: The above amounts must match Total Cost Breakdown on Preapplication

TOTALS \$

\$

V.	SUMMARY OF COLLATERAL PROPOSED TO SECURE CARES-RLF, IF APPROVED: If collateral
consists	of equipment, furniture, fixtures, etc., and itemized list containing serial numbers, model numbers, and
descrip	tions must be provided. If necessary, attach additional sheets listing all required information, sign, and date.

Collateral proposed to secure CARES- RLF Loan	Equipment Serial Number, Description, Address, etc.	Current Mortgage/ Lien Holder Current Loan Balance	Current Loan Balance
Furniture/Fixtures			
Accounts Receivable			
Inventory			
Real Estate			
Real Estate			
Other, specify:			

KEY MAN LIFE INSURANCE POLICY INFORMATION: An assignment of Life Insurance as Collateral may be	
required. List life insurance company, name of insured, policy number, amount, and all beneficiaries or assignees below.	
	-

VI. OTHER ASSETS AND LIABILITIES (Refers to Borrowing Entity): If necessary, attach additional sheets for information requested. Identity each sheet as an exhibit to the appropriate section of application, then sign and date sheets.

LIABILITIES: Notes Payable to banks and others.

Lender Name & Address	Loan Amount	Present Balance	Monthly Payment	Term of Loan	Collateral/Guarantee

REAL ESTATE OWNED (Refers to Borrowing Entity): List each parcel separately; attach additional sheets, if necessary.

Parcel #1:		
Title in Name of:		
	vate home, etc.):	
Property Address:		
Original Loan Amount:\$	Current Balance: \$	Monthly Payment:
•		• •
	Phone #:	
Date of Mortgage:	Maturity Date:	
Mortaga (gurrant or dal	inquent). If delinquent, explain:	

Parcel #2:		
Title in Name of:		
	ate home, etc.):	
Property Address:		
		Monthly Payment:
Date of Mortgage:	Maturity Date:	Wontiny Layment.
Mortgage Holder Name Address	Phone #:	
iviorigage floraer runne, riadress,	none "	
Status of Mortgage (current or deli	nquent). If delinquent, explain:	
OTHER REDGONAL PROPERTY		
address of lien/mortgage holder, or necessary		l current balance. Attach additional sheets, if
OTHER ASSETS (Refers to Borrow	ving Entity): Please describe	
LINDAID TAYES: Plage describe	in datail; refer to attachments, if necessar	
UNPAID TAXES: Flease describe	n detail; rejer to dilachments, ij necessary	y
OTHER LIABILITIES: Please desc	ribe in detail: refer to attachments, if nece	essary
ADDITIONAL A	TTACHMENTS REQURIED TO COM	MPLETE APPLICATION
		<u> </u>
ALL APPLICANTS		
	•	and description of the company including details
	I, proposed new products and/or markets, etc.;	
• •	•	rkets; discussion of competition; description of
	of the financing proposal; and other matters rel	• • •
	ΓER and ANALYSIS from participating bank	•
	er, term, interest rate, collateral, guarantors/co-	-makers, contingencies, etc., if applicable
	mes of all key management positions	
	the source of the applicant's equity (savings,	
	ANCIAL STATEMENT: Required of all indiv	
	FEDERAL TAX RETURNS: Required of all	
		ttach statement detailing sources and uses of all
funds for project (bank, equity		eral offered as security for the CARES-RLF loan
	age position and other financing, if applicable	
	l major equipment currently owned with make	
_	burchased, include current quotes, make, mode	· · · · · · · · · · · · · · · · · · ·
	rchasing equipment, provide quotes with make	
=	: Attach copy of all purchase agreements, if ap	
	ease): If purchasing real estate, attach signed p	
		asing real estate, attach signed lease agreement.
COPY OF DRIVER'S LICEN	SE: Required of all individuals with 20% or gr	reater interest

\$500 Non-Refundable Loan Application Fee payable to MRPC		
EXISTING BUSINESSES OR BUYOUTS		
AGING: Accounts Receivable and Accounts Payable		
BALANCE SHEETS, PROFIT AND LOSS STATEMENTS: <u>Historical</u> : Past 3 fiscal years & <u>Projection</u>	ections: 2 vea	ırs
CURRENT BALANCE SHEET, PROFIT AND LOSS STATEMENT: No older than 90 days	. – <i>,</i>	
DEBT SCHEDULE: List all current debts (lender name, address, origination date, loan amount, pres	ent balance, i	nterest rate
monthly payment, collateral pledged, and maturity date of loan)		
SUBSIDIARIES & AFFILIATES: List affiliates or subsidiary firms, if applicable; provide last fiscal	l year-end fin	ancial
statements		
THREE YEARS BUSINESS FEDERAL TAX RETURNS: Complete with schedules and attachmen	ts	
NEW BUSINESSES		
BUSINESS PLAN with 3 YEARS CASH FLOW ANALYSIS: Year 1 – Monthly cash flow analysis	s; Year 2 – Ai	nnual cash
flow analysis. Required for start-ups only.		
AGREEMENTS AND CERTIFICATIONS		
Please Read Carefully Before Signing		
Tieuse Reuu Curejuuy Dejore Signing	YES	NO
Has the company, any officer, subsidiary or affiliate of your company been involved in	TES	110
any bankruptcy or insolvency proceedings in the last 36 months?		
If yes, please provide the details as a separate exhibit.		
Has the company, any officer, subsidiary or affiliate of your company been involved in any		
lawsuits in the last 36 months?		
If yes, please provide the details as a separate exhibit.		
Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?		
Does the company, owner(s), or member of Management Team have a controlling interest in		
other businesses?		
If yes, please provide their names and relationship with your company along with a current		
balance sheet and income statement for each as a separate exhibit.		
Samuel Site of and the site of the per out of a separate contraction		

BY SIGNING BELOW, THE APPLICANT

purpose stated in this application?

If yes, please provide the details as a separate exhibit

If yes, please provide the details as a separate exhibit.

If yes, please provide the details as a separate exhibit.

If yes, please provide the details as a separate exhibit.

- certifies to the best of its knowledge and belief, the information being submitted to the MRPC RLF/CARES-RLF and its agent is true and correct;
- certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it;

Does your company buy from, sell to, or use the services on any concern in owner(s), shareholder(s), or member(s) of the management team have a significant financial interest?

Are any of the individuals listed under 'Management' on parole or probation?

Have any of the individuals listed under 'Management' been convicted of a crime?

Has the company applied for and/or received other federal funding for the same purpose as the

- certifies that the applicant has disclosed any current default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
- certifies that MRPC/MRDC is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness;
- agrees to reimburse MRPC for any reasonable expenses made in connection to this loan request, including, but not limited to title work, legal fees, appraisals, recoding/filing fees, etc.;

- certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project; and
- certifies that the applicant has not applied for and/or received other federal funding for the same purpose as the
 purposed stated in this application. The undersigned also certifies that no RLF/CARES-RLF loan proceeds will be
 used to fund expenses for which the undersigned has received other federal funding. If duplicate funding is
 determined, MRPC can demand immediate repayment of the portion of the RLF/CARES RLF loan allocable to those
 expenses and may take any other action against the undersigned permitted by the loan documents, the EDA RLF
 CARES Act plan, and applicable law.

X			
Date			
X			_
Signature	Print Name	Title	
X			
Signature	Print Name	Title	
X			
Signature	Print Name	Title	
X			
Signature	Print Name	Title	
X			
Signature	Print Name	Title	