



APPLICATION FOR FUNDING

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Fax () _____

What is the legal form of business? (check one) Sole Proprietorship General Partnership Limited Partnership
 C-Corporation S-Corporation Limited Liability Company Other (explain) _____

Date Established _____ Date of Incorporation _____ State of Incorporation _____

FED Employer ID Number _____

MD Unemployment Ins. Acct. No. _____ Fiscal Year End _____

No. of Employees: Present _____ 12 Months After Approval _____ NAICS Code(s) _____

Type of Business _____

Project Location If Different Than Above _____

Trade Styles or Trade Name Used _____

Website _____

Email Address of Principal Contact _____

Affiliate & Subsidiaries [Name (s)] _____

What Percentage of the Applicant's Revenue is Generated from Customers Located in Maryland? _____

How Did You Hear About Us? _____

OWNERSHIP

Information About Management: List the names of all owners who have 20% or greater interest including, officers, directors, and/or partners. Provide the percentage of ownership and the annual compensation from the applicant.

Name & Title	Date of Birth	Percent of Ownership
Home Address	Management Experience (yrs.)	Annual Compensation
	Business Experience (yrs.)	Education (highest degree)
Telephone (home)	Fax No.(home)	Mobile No.
Social Security No.		Your Investment in the Applicant: \$

THE FOLLOWING IS OPTIONAL

Ethnicity: _____ Gender: Male Female

Name & Title	Date of Birth	Percent of Ownership
Home Address	Management Experience (yrs.)	Annual Compensation
	Business Experience (yrs.)	Education (highest degree)
Telephone (home)	Fax No. (home)	Mobile No.
Social Security Number		Your Investment in the Applicant: \$

THE FOLLOWING IS OPTIONAL
 Ethnicity:

Gender:

Male

Female

IF MORE ROOM IS NEEDED TO LIST OWNERS, ATTACH A SEPARATE SHEET WITH THE ABOVE INFORMATION

CITIZENSHIP STATUS OF OWNERS

U.S. Citizen ; Resident Alien ; Other, please describe _____
 (Please attach a copy of your birth certificate, passport, or other documentation)

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

Financial Assistance

1. What is the total project cost? _____
2. How much financial assistance are you requesting from MCBIF? _____
3. What are the other funding sources?

Name of Source:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. How will the total project funds be used?

<input type="checkbox"/> Equipment and machinery	\$ _____
<input type="checkbox"/> Acquisition of existing business	\$ _____
<input type="checkbox"/> Furniture and fixtures	\$ _____
<input type="checkbox"/> Inventory	\$ _____
<input type="checkbox"/> Working capital (describe)	\$ _____
<input type="checkbox"/> Real Property Acquisition	\$ _____
<input type="checkbox"/> Construction/Renovation	\$ _____
<input type="checkbox"/> Leasehold improvements	\$ _____
<input type="checkbox"/> Technical Assistance [describe]	\$ _____
<input type="checkbox"/> Other (Explain)	\$ _____
TOTAL	\$ _____

ECONOMIC IMPACT

1. Overview

Fiscal Year	Number to be employed and/or retained, projected:			
	Current	After 1 Year	After 2 Years	After 3 Years
Forecasted Annual Sales	_____	_____	_____	_____
Annual Payroll	_____	_____	_____	_____
No. of Employees	_____	_____	_____	_____
MD Residents	_____	_____	_____	_____
MD Full-time	_____	_____	_____	_____
MD Part-time	_____	_____	_____	_____

ANSWERS TO THE FOLLOWING QUESTIONS WILL NOT DISQUALIFY YOU FOR FUNDING.

- Is the applicant a Minority Business Enterprise certified by the Maryland Department of Transportation? Yes No
- Is the applicant a Woman Business Enterprise certified by the Maryland Department of Transportation? Yes No
- Is the applicant a woman owned business (51% or more ownership)? Yes No
- Is the applicant a minority owned business (51% or more ownership)? Yes No
- Is the applicant a veteran owned business (51% or more ownership)? Yes No

By signing below, I indicate that I understand that there is no certainty of approval. All information in this application and in the supporting documents are true and complete to the best of my knowledge, information and belief. I hereby authorize MCBIF and all participating lenders and investors involved in financing this project to freely, and without further authorization and consent, exchange any and all information related to this application and the processing of this loan request. I understand that in connection with this application or any update, extension or renewal of any credit, a credit report may be requested from a credit reporting agency. I understand that all fees and loan closing costs are the responsibility of the Applicant and may be included in the amount borrowed.

IN WITNESS THEREOF, the undersigned, being duly authorized to do so, have/has signed this application.

Business Name: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Submit the checklist, signed application, application fee, and required documents to:

MCBIF
826 E. Baltimore Street
Baltimore, MD 21202
PHONE: (410) 333-4584 | FAX: (410) 333-2552

APPLICATION CHECKLIST

YES	NO	N/A		Applicant's Name: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	Have you attached the completed and signed application? Attach as Exhibit A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	Is the \$100 application fee enclosed and made payable to MCBIF?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	Have you filled out a Personal Financial Statement, provided personal federal and state income tax returns for the most recent tax year for each person listed as a 20% or greater owner in the application, as well as a copy of a birth certificate, passport, or other documentation as proof of citizenship for each owner? NOTE: A joint personal financial statement is required if the owners or guarantors are married. Attach as Exhibit B.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	Have you included resumes of all owners and management personnel, as well as a list of references for each? Attach as Exhibit C.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Have you included the Applicant's federal and state income tax returns for three (3) years? Attach as Exhibit D.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Have you included the Applicant's Balance Sheets, Profit and Loss Statements, and Statements of Cash Flow for the past three (3) years and within ninety (90) of the filing date of this application? Attach as Exhibit E.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Have you included the Applicant's projected monthly cash flow analysis with related assumptions for the current fiscal year end and the next fiscal year? Attach as Exhibit F.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Have you included the Applicant's projected profit and loss statements with related assumptions for the next 3 fiscal years? Attach as Exhibit G.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	Have you included a list which contains the original date and amount, present balance owed, interest rate, monthly payment, maturity and security for each loan or debt that your business currently has? Attach as Exhibit H.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	Have you attached the following item: Attach as Exhibit I.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a.	A current Certificate of Corporation's Good Standing with State Department of Assessment and Taxation dated within five days of the application; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b.	<i>If the applicant is incorporated in another state</i> , a current Certificate of Qualification to do business in Maryland dated within five days of the application.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Have you listed the Applicant's key deadlines and milestones? Attach as Exhibit J.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Have you included the Applicant's business plan? Attach as Exhibit K.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Is your principal place of business: Attach as Exhibit L.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Leased? If yes, please provide the date that the lease began, term and monthly payment; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Owned? If the property is owned by the Applicant, the principals, or an entity formed by the principals, please provide the name(s) of the owner(s) and provide any existing financing terms (name, term, interest rate, monthly payment, balance) for the property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Have you been declined by a bank(s) or other financing institution(s)? Attach a copy of the declination letter (s). Attach as Exhibit M.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Have you included location demographics (THIS QUESTION IS FOR RETAIL APPLICANTS ONLY)? Attach as Exhibit N.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Be sure to answer the next question correctly because it is important. The fact that you have a conviction record will not automatically disqualify you, but a false answer will probably cause your application to be declined.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Have any of the owners listed in questions 3 and 4 ever been convicted of any criminal offense other than a minor motor vehicle violation? If yes, furnish details in Exhibit O. List name(s) under which convicted, if applicable.

PERSONAL FINANCIAL STATEMENT

As of _____, 20__

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone ()
Resident Address	Residence Phone ()
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hands & in Banks \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____	Notes Payable to Bank and Others \$ _____ (Describe in Section 2)
IRA or Other Retirement Account \$ _____	Installment Account (Auto) \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable \$ _____	Installment Account (Other) \$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only \$ _____ (Complete Section 8)	Loan on Life Insurance \$ _____
Stocks and Bonds \$ _____ (Describe in Section 3)	Mortgages on Real Estate \$ _____ (Describe in Section 4)
Real Estate \$ _____ (Describe in Section 4)	Unpaid Taxes \$ _____ (Describe in Section 6)
Automobile—Present Value \$ _____	Other Liabilities \$ _____ (Describe in Section 7)
Other Personal Property \$ _____	Total Liabilities \$ _____
Other Assets \$ _____ (Describe in Section 5)	Net Worth \$ _____
TOTAL \$ _____	TOTAL \$ _____

Section 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

No. of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
<i>Name & Address of Mortgage Holder</i>			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment			
Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien older, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

I authorize MMG/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimate average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact MMG, Inc. at 826 E. Baltimore Street, Baltimore, Maryland.