



Stoughton Redevelopment Authority Revolving Loan Fund Preliminary Application

Amount Requested (Maximum \$50,000)	Purpose: <input type="checkbox"/> Equipment <input type="checkbox"/> Building <input type="checkbox"/> Inventory <input type="checkbox"/> Expansion <input type="checkbox"/> Startup <input type="checkbox"/> Acquisition <i>check all</i>
	<input type="checkbox"/> Working Capital <input type="checkbox"/> R&D <input type="checkbox"/> Other <i>that apply</i> _____ Describe Use(s): _____ _____
Other Sources	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>ABOUT YOUR BUSINESS</b>				
Business Contact Person (for any questions related to this application or the communications)			Best Phone: _____ Best Email: _____	
Business Exact Legal Name		DBA (If applicable)		
Business Street Address (Cannot be a PO Box)		City	County	State
Mailing Address (If different than above)		City	County	State
Business Email		Business Phone		Business Cell Phone (optional)
State of Registration				
Type of Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/>		Description of Business or Service (Be specific)		
Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not for Profit <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Gross Annual Sales as Reported on Last Tax Return		Net Income a		

<b>OWNER(S) INFORMATION</b>				
List all Owners/Guarantors with at least 20% ownership interest in the company If there are more than five Owners, complete an additional application.				
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email

Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email

AGREEMENT AND PERSONAL GUARANTEE

By Signing this Application, each of the undersigned Business Owners, individually and on behalf of the Business (“Signer”), request the indicated services or credit products from the Wisconsin Women’s Business Initiative Corporation (WWBIC). Each Signer is authorized to sign on behalf of the Business and will provide business resolutions to WWBIC upon request. Each signer has read and agrees to all applicable provisions of this Application, including the personal guaranty, and understands that this Application may be approved or denied. By signing below, each Signer authorizes WWBIC to (1) obtain credit records and other credit and employment information about the Signers personally and the Business (now and in the future), including from state and federal tax authorities, for deciding whether to approve the requested credit and for later periodic account review and collection purposes, and (2) furnish information about the Business and the Guarantors to credit bureaus, other Signers and other persons who claim to be authorized by the Business or the Guarantors, to receive such information.

The Business and each Signer guaranty that all information above is correct and agree to notify WWBIC if any information changes. All loans shall be used for business purposes only.

By signing below, each Signer agrees to be personally responsible for any credit granted pursuant to this Application. This Application constitutes a Guaranty under which each individual signing is a Guarantor, and individually guarantees the payment of all present and future obligations of the Business to the Stoughton Redevelopment Authority.

Signature of Business Owner & Guarantor	Printed Name	Title	Date
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I acknowledge being informed that the Stoughton RDA will, upon request by a member of the public or in the course of reporting its activities to the public, disclose the names of firms receiving RLF loans, the amount of the RLF loans, federal programs used, if any, and the development impact of Stoughton RDA loans (jobs created, tax base impact, and total project investment). I have been assured by the Stoughton RDA, and I understand, that other financial information provided in connection with this application or with a loan from the Stoughton RDA, if one is made (including, but not necessarily limited to, business and personal financial statements, business operating statements, data on historical and projected future sales or other aspects of business performance, and business plans), will, to the extent permissible by law, be treated as confidential. This will confirm that I have relied upon such assurance by providing financial information to WWBIC, and that, but for such assurances, such information would not be provided.

I certify that the information contained in this application is, to the best of my knowledge, true, complete, and correct.

Signature \_\_\_\_\_Date \_\_\_\_\_

Name (printed) \_\_\_\_\_Title \_\_\_\_\_