

Economic Development Incentive Loan Application

Department of Community & Economic Development
P.O. Box 1839, Ashland, KY 41101
(606) 327-2005



BUSINESS NAME:			FEIN #
BUSINESS ADDRESS: Street			City State Zip Code
CONTACT PERSON:	BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS
TYPE OF BUSINESS:		<input type="checkbox"/> New business <input type="checkbox"/> Existing business Date established _____	
GRANT AMOUNT REQUESTED Maximum of \$50,000	WHAT WILL THE FUNDS BE USED FOR AND WHAT IS THE ESTIMATED TOTAL PROJECT COST?		
CURRENT JOBS: FT _____ PT _____	Existing annual payroll: _____		
JOBS CREATED: FT _____ PT _____	Projected annual payroll: _____		
THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION <i>Each item requested must be a separate page (or pages).</i>			
<input type="checkbox"/> History of company - type, starting date, amount of capital investment			
<input type="checkbox"/> Nature of business, types of products, selling methods and office or building space description.			
<input type="checkbox"/> Detailed explanation of how this grant will help create new jobs or retain existing jobs. If you do not receive this grant, will it cause a loss of jobs?			
<input type="checkbox"/> Financial data including: tax returns for past 3 years, balance sheet and P/L statement for past 3 years, current balance sheet and P/L statement for most recent 3 months, 5 year proforma			
<input type="checkbox"/> Resume of all owners and operators.			
<input type="checkbox"/> Explanation for any "yes" answers on following page.			
<p>I certify that the statements in this application are true and accurate to the best of my knowledge. I understand that any misstatement or failure to disclose information that is requested will result in the rejection of this application. The conditions of financing arrangements between the City of Ashland Department of Community & Economic Development and the applicant will be documented in a written instrument by both parties. Such summarization is not to be construed as a promise or commitment by the City of Ashland Department of Community & Economic Development.</p>			
PRINT NAME AND TITLE	SIGNATURE		DATE

OWNERSHIP INFORMATION:

List all persons having 20% or more interest in applicant's business.

Full Name and Title: _____

% of Ownership: _____ Soc. Sec. #: _____ Date of Birth: _____

Home Address: _____

Race: _____ Sex: _____

Full Name and Title: _____

% of Ownership: _____ Soc. Sec. #: _____ Date of Birth: _____

Home Address: _____

Race: _____ Sex: _____

Full Name and Title: _____

% of Ownership: _____ Soc. Sec. #: _____ Date of Birth: _____

Home Address: _____

Race: _____ Sex: _____

Full Name and Title: _____

% of Ownership: _____ Soc. Sec. #: _____ Date of Birth: _____

Home Address: _____

Race: _____ Sex: _____

Full Name and Title: _____

% of Ownership: _____ Soc. Sec. #: _____ Date of Birth: _____

Home Address: _____

Race: _____ Sex: _____

FOR EACH INDIVIDUAL LISTED ABOVE, answer the following questions. If yes, provide details in a separate document.

YES NO

Has anyone ever been charged with, arrested for or convicted of any criminal offenses other than a minor motor vehicle violation?

Is applicant or management of applicant now a plaintiff or defendant in any civil litigation?

Has anyone been subject to any disciplinary action, past or pending, by any administrative, governmental, or regulatory body?

Has anyone listed above ever personally filed bankruptcy or been connected with any concern that has?

Has the applicant or any person listed above been denied a business-related license, or had it suspended or revoked by an administrative, governmental, or regulatory agency?

Has the applicant or any person listed above been barred, suspended, or disqualified from contracting with any federal, state, or municipal agency?

Has anyone listed above or any member of their family been an employee of the City of Ashland? If yes, describe whom, when, relationship to applicant, and functions or responsibilities of the position.