

WARREN COUNTY LOCAL DEVELOPMENT CORPORATION

Rapid Recovery Loan Application Open for Small Businesses

A. General and Background Information

Name of Applicant: _____

Business Address: _____

Home Address: _____

Phone Number (Business): _____ / (Cell): _____

Email Address: _____

Nature of Business: _____

Number of Employees (List number of Full and Part time employees): _____

Length of time in the Business: (minimum period of ownership is 2 years): _____

Type of Ownership of Your Business (Sole Proprietorship, Corporation, LLC, and DBA):

B. Explain how your business has been impacted/affected by COVID 19; if you require additional Space please attach additional sheet of paper:

Loan Amount Requested: _____
(Maximum Loan amount is \$15,000)

C. Explain how you will utilize the loan and over what period of time: _____

D. Name & address of your current bank and or credit union that you use for your business: and contact person

E. Provide the following as part of this application:

- (A) Personal Financial Statement (attached)
- (B) most recent business bank statements
- (C) Internal financial statements for 2020
- (D) Business and Personal Tax returns (NYS and Federal) 2017, 2018, and 2019 (if filed)
- (E) Listing any judgments, tax liens (Federal, State Local) and 2019 NYS DOL Form 45(4th quarter only of each of these two years)

F. Acknowledgment of Receipt of Agreement & Guidelines

I, _____ (Applicant), have read and understand the Warren County Local Development Corporation guidelines and agree to abide by the conditions and requirements as set forth under this Loan Program.

By his or her signature below, the Applicant acknowledges his/her understanding that all local and State building codes and laws will apply.

I hereby affirm that all information included on this form is true and accurate to the best of my knowledge, information and belief. I am aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Warren County Local Development Corporation

Signature of Applicant: _____ **Date:** _____

Print Name and Title if applicable _____

Name of Corporation, LLC or DBA _____

Final Step:

To expedite please email/ scan below or fax/mail application to:

Ed Bartholomew

EDC Warren County

President 333 Glen Street

Travelers Building, Suite 102

Glens Falls NY 12801

Email ebartholomew@edcwc.org

Phone 518 761 6007 Fax 518 761 9053