



# Town of Bristol, Rhode Island

## Department of Community Development

10 Court Street  
Bristol, RI 02809  
[www.bristolri.us](http://www.bristolri.us)  
401-253-7000

### MICROENTERPRISE LOAN PROGRAM

#### APPLICANT DATA

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Taxpayer ID#: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Business Fiscal Year End Date: \_\_\_\_\_  
Bank Relationship: \_\_\_\_\_  Personal  Business  Loan  Other

#### LOAN REQUEST

Amount Requested: \$ \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_ Length or Term: \_\_\_\_\_

#### GENERAL INFORMATION

Legal Form:  Corporation  Sole Proprietorship  Partnership  LLC  S-Corporation  
Last Year for Which Income Tax Return Filed: \_\_\_\_\_ Returns Under Audit?  Yes  No  
Names of Persons Authorized to Borrow on Behalf of/In Name of Applicant:  
  
Date Business Started/Purchased: \_\_\_\_\_ State Inc. or Registered: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Annual Sales/Revenue: \$ \_\_\_\_\_  
Ownership (Proprietor, Partners, Officers, Directors, and All Stock Holders - Show 100% Ownership):  
Name and Social Security Number Complete Address % Owned  
  
Are There Any Subsidiaries or Affiliated Companies:  Yes  No Please Identify on Separate Sheet.

## INDEBTEDNESS

Do You Own The Real Estate From Which Your Business Operates? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Is Your Rent Current? Yes \_\_\_\_\_ No \_\_\_\_\_ When Does Your Lease Expire?

Please Furnish The Following Information On All Installment Debts, Contracts, Notes, and Mortgages Payable.  
Use Separate Sheet If Necessary.

PAYEE	ORIG. AMT.	BALANCE	PAYMENT	MATURITY DATE	CURRENT YES/NO

## ELIGIBILITY INFORMATION

Owner's Last Year's Gross Income: \$ \_\_\_\_\_

Number of People Living in Residence: \_\_\_\_\_

Primary Market for Product or Service: \_\_\_\_\_

Number of Permanent, Full Time Jobs to be Created: First Year: \_\_\_\_\_

Second Year: \_\_\_\_\_

Third Year: \_\_\_\_\_

## LOAN SUPPORT MATERIAL

References: Please list three trade references:

	(1)	(2)	(3)
Name of Co.	_____	_____	_____
Contact at Co.	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Tel. No.	_____	_____	_____

Professional Support:

	Attorney	Accountant	Insurance Agent
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Tel. No.	_____	_____	_____

**Signature of Applicant:** I certify that to the best of my knowledge and under the pains and penalties of perjury, the information provided herein and herewith is accurate, current, and reflective of the state of the business.

By: \_\_\_\_\_ Date: \_\_\_\_\_