

CUMBERLAND EMPOWERMENT ZONE CORPORATION NJ MAIN STREET BUSINESS LOAN APPLICATION

This application provides CEZC with sufficient information to consider your loan request. A fully completed application is required to avoid unnecessary delays.

Please Note: Your business must provide CEZC with a current NJ Business Tax Clearance Certificate, unless the applicant is a non-profit not required to register with the Division of Taxation.

* A 1% service fee will be due at the time of loan closing.

This is an application for a loan, not a grant or forgivable loan.

A APPLICANT INFORMATION

Full Name:	<input type="text"/>		
Name of Business:	<input type="text"/>		
Address of Business (Include zip code):	<input type="text"/>		
County:	<input type="text"/>		
Business Contact Person:	<input type="text"/>		
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Social Media Profile:	<input type="text"/>		
Business Bank of Account:	<input type="text"/>	Branch Address:	<input type="text"/>
Account Number:	<input type="text"/>	Bank Officer & Telephone	<input type="text"/>
Month/Day/Year Business was Established:	<input type="text"/>		
Tax ID or EIN #:	<input type="text"/>		
Line of Business:	<input type="text"/>		
Gross Annual Revenue of Business:	<input type="text"/>		
NAICS Code #	<input type="text"/>		
SIC Code #:	<input type="text"/>		

Structure of Business (Check One):

Schedule C:

- Individual/ Sole Proprietor C Corp S Corp Partnership
 Single Member LLC

Are all the business owners and/or guarantor's citizens of the United States?

- Yes No

Ownership of Applicant Company: (List all owners & stockholders. Attach additional sheet if necessary):

<u>Name</u>	<u>Percentage Owned</u>
1.	
2.	
3.	

Key Management:

<u>Name</u>	<u>Title/ Duties</u>	<u>Yrs. with Co..</u>	<u>Annual Comp. Salary/ Bonuses</u>	<u>Life Ins. Amount</u>

B LOAN REQUEST AMOUNT

Please let us know how the money from this loan will be used and will this increase jobs by your business

Loan Request Amount: \$

C**LOAN REQUEST (PLEASE ITEMIZE):**

Machinery & Equipment:

Inventory:

Working Capital:

Other (describe):

Total Loan Request

\$

D**EXISTING BUSINESS LOANS PAYABLE - WE REQUIRE THAT YOU COMPLETE THE ATTACHED CEZC BUSINESS DEBT SCHEDULE****E****COLLATERAL****1. Primary Residence:*****If you own, please complete:***

Own

Rent

Sole Owner

Joint Ownership w/

Address:

Block(s) &

Lots(s):

Approximate
Market

\$

Outstanding
Mortgage:

\$

Value*:

(attach most recent mortgage statement)

Estimated Equity (Market Value – Outstanding
Mortgage):

\$

2. Business Property:***If you own, please complete:***

Own

Rent

Sole Owner

Joint Ownership w/

Address:

Block(s) &

Lots(s):

Approximate
Market

\$

Outstanding
Mortgage:

\$

Value*:

(attach most recent mortgage statement)

Estimated Equity (Market Value – Outstanding
Mortgage):

\$

3. Other Real Estate:

Address:

**Block(s) &
Lots(s):**

**Approximate
Market
Value*:**

\$

**Outstanding
Mortgage:**

\$

(attach most recent mortgage statement)

**Estimated Equity (Market Value – Outstanding
Mortgage):**

\$

*For real property collateral, equity must be available for a lien position. Attach an appraisal for the property. If an appraisal is unavailable, provide a letter signed by a reputable real estate broker or professional stating the property's current market value and a copy of your most recent property tax statement showing the assessed value. The need for an appraisal will be evaluated for each application.

F SERVICE MARKET

Three Largest Customers: (Not applicable for retail businesses.)

1. (Name/Contact Person)	(Net Sales)
(Address)	(Phone Number)
2.	
3.	

Three Largest Suppliers:

1. (Name/Contact Person)	(Credit Amount)
(Address)	(Phone Number)
2.	
3.	

Major Competitors:

1. (Name)	3.
(Address)	
2.	4.

This information assists CEZC with obtaining funding and our reporting to support your business. This information is not required to process this application. Please select and fill in the below items:

Gender: 100% Female Owned 51-99% Female Owned 100% Male Owned
 51-99% Male Owned

LGBTQ+:

Disabled:

Veteran Status: Non-Veteran Vietnam-era Veteran Other Veteran

Ethnicity: Hispanic Non- Hispanic Other

Race: Black/African Am Asian Hispanic
 Pacific Isl White Native Am Other

Ethnicity (Co-Applicant): Hispanic Non- Hispanic Other

Race (Co-Applicant): Black/African Am Asian Hispanic
 Pacific Isl White Native Am Other

Number of FTE Jobs, Including Owner(s), to be retained:

Number of FTE Jobs to be created:

How did you learn about CEZC?

Have you ever applied to or borrowed from CEZC previously?

1. **Current Business (within 90 days) and previous three years' business financial statements and/or federal tax returns. Personal federal tax returns for the past two years, from all owners with 20% or more ownership.**
2. **If the business is less than two years old, submit a Business Plan, projected income statement for two years following receipt of the loan and a projected monthly cash flow statement for one year after the loan. (Assistance for this item is available.)**
3. **Personal financial statements completed and signed for all owners with 20% or more ownership. (Please use enclosed form.)**
4. **Your Business needs to provide the CEZC with the current NJ Business Tax Clearance Certificate unless the applicant is a non-profit that is not required to register with the Division of Taxation. (required no exceptions)**

***Additional information for obtaining the Tax Clearance certificate:**

A valid tax clearance certificate from the NJ Division of Taxation is required for the applicant to be considered for approval. The applicant identified on the application should be the entity named on the certificate. To print the tax clearance certificate, please visit:

https://www-njlib.nj.gov/NJ_PREMIER_EBIZ/jsp/home.jsp

Additional instructions can be found using this link [Securing Your NJ Tax Clearance Certificate](#).

Click on the Agency arrow to open the drop box to make sure you click on the below for the correct certificate. (Agency; New Jersey Economic Development Authority)

For any questions related to your tax clearance certificates email

businessassistancetc.taxation@treas.nj.gov

Once obtained the tax clearances are usually good 6 months from the date of issuance.

5. **Certificate of Incorporation and Corporate Resolution. Partnership Agreement or Limited Liability Company (L.L.C.) formation certificate and Operating Agreement. Business Registration Certificate**
6. **IRS Letter with your business name and Tax ID Number.**
7. **For all equipment purchases we will need a copy of a quote or estimates of the item you are looking to purchase**
8. **If you are currently renting at your current location, please submit a copy of the lease.**
9. **Information regarding collateral- including a list of available collateral, mortgage statement, appraisal, etc.**
10. **Any additional information which will assist CEZC in analyzing your application.**
11. **You will be required to submit annual tax returns and employment numbers each year to the CEZC as a condition of the life of the loan. This information assists CEZC with obtaining funding and our reporting to support your business.**

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Denise Jackson, Executive Director, CEZC, PO Box 847, Millville NJ 08332, within 60 days of the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. CEZC is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Ave., S.W. Washington, D.C. 20250- 9410, by fax (202) 690-7442 or email at program_intake@usda.gov.

The Federal Information Relay Service allows a deaf or speech-impaired person to contact us at 856-966-8181 by dialing 7-1-1 or New Jersey Relay TTY at 1-800-852-7899 for assistance with making the call.

I/We authorize the Cumberland Empowerment Zone Corporation to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorizes any person or consumer reporting agency to give you any information it may have on the undersigned and other parties to the application who you are asking us to rely upon. CEZC is hereby authorized to release and share any and all written and verbal information with other parties that are or may become involved with the loan application and/or resulting Loan. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The undersigned, in applying for financial assistance from CEZC, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state, and local laws and regulations to the extent that such are applicable. The purpose of the loan is to support business activities for which credit is not otherwise available on terms and conditions, which would permit the completion or operation of the project in the community. The undersigned certifies that the ultimate recipient is unable to finance the proposed project through commercial credit or other Federal, State, or local programs at reasonable rates and terms. The undersigned further certifies that he or she is not in default with child support payments and that all required child support payments have been made.

The foregoing and any supplementary information are warranted by the undersigned to be true, accurate, and not misleading as of the date submitted and are furnished to CEZC, and shall be retained by CEZC for its records, and to induce CEZC to make the Loan applied for, which, if granted, the proceeds thereof will be used only for the purpose stated above. The undersigned knows that you rely and continue to rely thereon until written notice of any change therein is received by you. The undersigned will give you immediate written notice of any material change in the undersigned's financial condition, including any lawsuit, begun or threatened, the effect of which may be to materially alter the said condition.

The undersigned certifies that they have not caused a prior loss to the Federal Government unless the prior loss to the Federal Government has been fully satisfied and they do not have any existing delinquent federal debt.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

Name of Applicant:

Signature:

Date:

Co-Applicant:

Signature:

Date: