



# TOWN OF WETHERSFIELD

505 Silas Deane Highway

Wethersfield, CT 06109

Department of Planning & Economic Development

(860) 721-2838 / EconomicDevelopment@WethersfieldCT.gov

## SMALL BUSINESS INVESTMENT LOAN PROGRAM

Please complete all items carefully and accurately to the best of your knowledge.

Application must be submitted prior to the start of construction.

### I. BUSINESS INFORMATION

Application Date: \_\_\_\_\_

Business Name (Titleholder): \_\_\_\_\_

Business Type: (Check One)

LLC

Proprietorship

Partnership

Corporation

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Federal Tax Id No. \_\_\_\_\_ Business Tax Id No. \_\_\_\_\_

### II. SUBJECT PROPERTY INFORMATION

Property Owner(s) Name: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Name of Current Business (es) and Business Owner (s) or Merchants (s): \_\_\_\_\_

Total Amount of Outstanding Debt on Subject Property:

Type	To Whom	Amount	Maturity Date
1 <sup>st</sup> Mortgage Holder			
2 <sup>nd</sup> Mortgage Holder			
Other Liens			

**III. PRINCIPAL(S)/GUARANTOR INFORMATION**

Name(s): \_\_\_\_\_

Address(es) of Collateral/Asset: \_\_\_\_\_

**IV. TYPE OF IMPROVEMENTS PROPOSED:**

Property Improvements/ Updates  Code Compliance Improvements  Improvements to accommodate use expand economic viability

Provide itemized details and associated costs of improvements in Exhibit A.

TOTAL PROJECT COST: \$ \_\_\_\_\_

AMOUNT OF LOAN REQUEST: \$ \_\_\_\_\_  
(Up to 50% total project, maximum \$300,000)

**SOURCES OF FUNDING FOR TOTAL PROJECT:**

Owner: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
 Bank: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
 Other: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
 Town of Wethersfield: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)

Total Project Cost: \$ \_\_\_\_\_

**V. PROJECT FUNDING REQUEST INFORMATION**

Current Total Assessed Value	\$ _____	Taxes Paid (current year)	\$ _____
Net New Commercial Floor Area	SF _____	New Jobs Created	Full Time: Part Time:
Net New Residential Floor Area	SF _____	New Residential Units	
Anticipated Start Date		Anticipated Completion Date	

Please provide a brief narrative description of the project and how the project meets the goals, eligibility and selection criteria per the program guidelines. Separate sheet may be attached.

**VI. PLEASE ATTACH THE FOLLOWING AS PART OF THIS APPLICATION:**

- \_\_\_ a. Brief business profile with information on ownership structure
- \_\_\_ b. Two years of financial statements including balance sheets and income statements or attach copies of the business income tax returns for the last two years.
- \_\_\_ c. Completed personal financial statements for the principal of the company and attach last two years of personal income tax returns.
- \_\_\_ d. Proof of matching funds for 50% match.
- \_\_\_ e. Certificate of Good Standing (for corporations applying)
- \_\_\_ f. If the property owner and business owner are not the same, a letter of support from the property owner is required.
- \_\_\_ g. Copy of lease(s) for current or proposed business(es) at subject property
- \_\_\_ h. Resumes of principals of company
- \_\_\_ i. Bid Estimates and/or contracts for all proposed improvements (3 bids required)
- \_\_\_ j. Copy of deed to real property
- \_\_\_ k. Copy(s) of all mortgage(s) and/or lien(s) on real property
- \_\_\_ l. Copy of Certificate of Insurance on subject property
- \_\_\_ m. Copy of Tax Affidavit (Exhibit B) signed by the Town of Wethersfield Tax Assessor's office
- \_\_\_ n. Check made payable to the Town of Wethersfield for \$500.00 non-refundable Application Fee. Upon approval, fee will be credited toward closing.

Documentation may be submitted electronically, however to formally start application review process an original notarized application and application fee, must be delivered and received by:

Director, Department of Economic Development  
Town of Wethersfield  
505 Silas Deane Highway  
Wethersfield, CT 06109

*The Town of Wethersfield is an Equal Opportunity lender and will not discriminate against any applicant based on races, color, religion, sex, disability, familial status or national origin.*

**I certify that the information in this application is true and complete and I agree to participate in the Small Business Investment Loan Program.**

**The undersigned hereby authorizes the Town of Wethersfield to obtain a Credit Report on the Borrower and the Guarantors and to independently verify the information contained in this application. I understand that personal and/or business information may be requested pursuant to this application and I hereby give consent for such information to be provided to the Town. I also understand that the Town of Wethersfield retains the sole discretion as to whether this application is approved, disapproved, or modified. It is my right to accept or decline the loan amount, rate and/or terms approved by the Town of Wethersfield.**

**NOTE: THE CLIENT WILL PAY FOR ANY EXPENSES INCURRED BY THE TOWN OF WETHERSFIELD ON THEIR BEHALF, INCLUDING, BUT NOT LIMITED TO CREDIT REPORT FEES AND RECORDING FEES. SUCH EXPENSES WILL BE SUBTRACTED FROM THE PROCEEDS OF THE LOAN.**

\_\_\_\_\_  
Owner (s) Signature (Must be Notarized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner (s) Signature (Must be Notarized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor(s) Signature (Must be Notarized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor(s) Signature (Must be Notarized)

\_\_\_\_\_  
Date

STATE OF CONNECTICUT )

) ss: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_

COUNTY OF )

Personally appeared \_\_\_\_\_ who subscribed and swore to the truth of the foregoing certificate and acknowledged that \_\_\_\_\_ executed the same, before me.  
(he/she/they)

\_\_\_\_\_  
Notary Public – Justice of the Peace  
Commissioner of the Superior Court  
My Commission Expires: \_\_\_\_\_

**EXHIBIT A  
SMALL BUSINESS INVESTMENT LOAN PROGRAM  
ITEMIZED IMPROVEMENTS**

**NAME OF BUSINESS/PROPERTY OWNER:** \_\_\_\_\_

**SUBJECT PROPERTY:** \_\_\_\_\_

Please provide an itemized list of improvements and associated costs.  
Copies of quotes or estimates may be attached in addition to itemized list.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**EXHIBIT B  
TAX PAYMENT VERIFICATION**

**NAME OF BUSINESS/PROPERTY OWNER:** \_\_\_\_\_  
**SUBJECT PROPERTY:** \_\_\_\_\_

<b>Business Type:</b> (check one)	LLC		Proprietorship		Partnership		Corporation	
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Names of the Principal (s) of the Organization: \_\_\_\_\_

*Business/Property Owner Certification:* I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the Town of Wethersfield other than that which is listed below:

	TO BE COMPLETED BY TAX COLLECTOR			
	Are Taxes Current Yes No	Amount Delinquent	Number of Tax years Delinquent	Is there a Repayment Yes No
<b>ADDRESS: REAL PROPERTY</b>				
_____		\$ _____	- _____	_____
_____		\$ _____	- _____	_____
_____		\$ _____	- _____	_____
<b><u>MOTOR VEHICLE</u></b>				
_____		\$ _____	- _____	_____
_____		\$ _____	- _____	_____
_____		\$ _____	- _____	_____
<b><u>PERSONAL PROPERTY</u></b>				
_____		\$ _____	- _____	_____
(Include Latest Filed Declaration Form)		\$ _____	- _____	_____
_____		\$ _____	- _____	_____
<b>AUTHORIZED SIGNATURE</b>		Additional Comments: _____ _____ _____		
_____				
<b>TITLE</b>				
_____				
<b>DATE</b>				
_____				
		_____	_____	
		Tax Dept. Signature	Date	