

**WEST CENTRAL WISCONSIN  
DISASTER RECOVERY MICROLOAN BUSINESS APPLICATION**

The West Central Wisconsin Regional Planning Commission, Disaster Recovery Microloan Lender, may ask for additional information not included in this application.

SECTION I-BUSINESS INFORMATION	
<b>Legal Entity:</b> <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Nonprofit (Attach copies of IRS documents showing acceptance of Federal Tax Exempt Status)	
<b>Legal Name:</b>	
<b>Trade Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	<b>County:</b>
<b>FEIN:</b> (Federal Employee Identification Number –Tax ID)	
<b>Date Established:</b>	<b>State of Organization</b> (Per Articles of Incorporation/Organization):
<b>Current Employment</b>	<b>Full-time:</b> <input type="checkbox"/> <b>Part-time:</b> <input type="checkbox"/>
<b>Website URL:</b>	<b>Phone:</b>
<b>Head of Organization:</b>	<b>Title:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Briefly describe the business including products/services, locations and customers:</b>	

SECTION II- PRIMARY APPLICATION CONTACT	
<b>Project Contact:</b>	<b>Title:</b>
<b>Email:</b>	<b>Office Phone:</b>
<b>Cell Phone:</b>	<b>Mailing Address:</b>
<b>City, State, Zip:</b>	

SECTION III- BUSINESS OWNERSHIP			
<b>List All Owners:</b>			
Name	Ownership %	Phone	Email
<b>How many years has the business been under current ownership?</b>			

SECTION IV- AFFECTED PROPERTY	
<b>Physical Address:</b>	
<b>City, State, Zip:</b>	
<b>Property Owner:</b>	
<b>Email:</b>	<b>Office Phone:</b>
<b>Cell Phone:</b>	<b>Mailing Address:</b>
<b>City, State, Zip:</b>	

### SECTION V- DAMAGE

Describe the extent of your business loss to building, land, equipment, inventory etc. (attach photos if available):

Estimated Total Physical Business Damage (\$):

Has or will your business register for assistance with FEMA?

*If no, please explain:*

Yes

No



Has or will your business apply for Small Business Administration (SBA) Assistance?

*If no, please explain:*



Have or will any of the business's damages or economic losses be covered by other sources such as insurance, grants, reimbursements, loans, etc.?

*Please explain:*



Insurance Carrier / Funding Source Name:

Agent's / Rep's Name:

Agent's / Rep's Email:

Agent's / Rep's Phone:

### SECTION VI- LOAN REQUEST

Please detail how you intend to use the microloan dollars:

Note: Business and/or personal guarantee(s) and a security agreement from the applicant will be required.

Rent/Mortgage Expense:

Operating Costs (taxes, fines and fees are not eligible):

Architecture & Engineering:

Equipment/Furniture/Fixtures:

Inventory Replacement:

Repairs/Renovations:

TOTAL (not to exceed \$15,000):

[Click here to enter text.](#)

### SECTION VII- BANKING - LENDER REFERENCE

Banking-Lender:

Banking-Lender Contact:

Email:

Office Phone:

Cell Phone:

Mailing Address:

City, State, Zip:

### SECTION VIII- BUSINESS / OWNER STATUS

Please Answer the Following Questions (check box that applies):

Yes

No

Are you and your business current on past federal and state income taxes?

*If no, please explain how you will become current prior to loan closing:*



Are you and your business current on property taxes?

*If no, please explain how you will become current prior to loan closing:*



Has the company, any officer, subsidiary or affiliate of your company been involved in any bankruptcy or insolvency proceedings in the last 36 months?

*If yes, please provide the details as a separate exhibit.*



Has the company, any officer, subsidiary or affiliate of your company been involved in any lawsuits in the last 36 months?

*If yes, please provide the details as a separate exhibit.*

	Yes	No
Are you aware of any events, such as but not limited to lawsuits, criminal actions, bankruptcy, violation of laws or criminal or civil actions, that could have an adverse material impact on the owner(s) or the businesses? <i>If yes, please describe how these events will be resolved:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company, owner(s), or member of Management Team have a controlling interest in other businesses? <i>If yes, please provide their names and relationship with your company along with a current balance sheet and income statement for each as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you and your business compliant and current with the terms and conditions of any loan, loan guarantee, leases, or financing arrangements with any other creditor? <i>If no, please explain how you will become compliant and current prior to loan closing:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is your business currently registered with the Wisconsin State Department of Financial Institutions? (This question <u>is not</u> applicable for a business operation that is a Sole Proprietorship.) <i>If no, please explain how you will become registered prior to loan closing:</i>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION IX – COMPLIANCE CHECKS FOR MICROLOAN ELIGIBILITY**  
See Attachment 2 of the Disaster Recovery Microloan Manual for additional details.

**Your business and its owner(s) need to be in compliance with several authorities including, but not limited to, the following:**

- (a) **WI DFI Registration:** Non-proprietor for-profit entities doing business in the State of Wisconsin are required to register with the Department of Financial Institutions. Any organization with a revocation/lapse of its certificate of registration must be reinstated before being considered for financial assistance.
- (b) **DOR Tax Status:** Any organization with a delinquent tax status is ineligible for financial assistance until the taxes have been paid.
- (c) **WI Debarred Contractors:** Any business or principal owner listed on the WI State Debarred Contractor list results in the business being ineligible for financial assistance.
- (d) **WI Ineligible Vendors:** Any business listed on the WI Department of Administration Ineligible Vendors Directory is ineligible for financial assistance.
- (e) **Sex Offender Registry:** Any principal owner (20% or more) of a business that is listed on the Wisconsin State Corrections database of sex offenders is ineligible for financial assistance unless sufficient evidence is provided showing that the owner is adhering to reintegration requirements and in compliance with parole.
- (f) **WI Circuit Court Access (CCAP):** Pending and rendered judgments will be assessed for collateral and capacity risk which may make the business not eligible for a microloan.

**SECTION X - ATTACHMENTS**

<b>The following required attachments are provided (check box that applies):</b>	Yes	No
Business's most current federal and state income tax return or personal income tax return if a Sole Proprietorship.	<input type="checkbox"/>	<input type="checkbox"/>
Business's most recent balance sheets and profit and loss statements. <i>If not available, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Personal financial statements of owners owning 20% or more of the business.	<input type="checkbox"/>	<input type="checkbox"/>
If available, photos showing damage to businesses from disaster event.	<input type="checkbox"/>	<input type="checkbox"/>
Schedule of business debt.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION XI - CERTIFICATION**

**By signing below, the applicant(s):**

- Certifies that to the best of its knowledge and belief, the information being submitted in this application, and accompanying attachments, is true and correct.
- Certifies that the applicant is in compliance with all laws, regulations, and ordinances.
- Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
- Certifies that the West Central Wisconsin Regional Planning Commission is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness.
- Agrees to reimburse the West Central Wisconsin Regional Planning Commission for any reasonable expenses made in connection with this loan request, including, but not limited to, title work, legal fees, appraisals, recording/filing fees, etc.
- Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
- Understands that unless it qualifies as a trade secret, all information submitted to the West Central Wisconsin Regional Planning Commission is subject to Wisconsin's Open Records Law.
- Agrees to complete a direct payment authorization form allowing loan payments to be electronically debited via Automatic Clearing House (ACH) in the event credit is extended.
- Must attest to intent to resume business operations in the community as quickly as possible.

<b>Signature:</b>	<b>Signature:</b>
<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Date:</b>	<b>Date:</b>

**Include additional signatures as required to authorize the submission of this application on behalf of the business.**

**Submit this application and its attachments to the West Central Wisconsin Regional Planning Commission by E-mail, US Mail or Fax using the following addresses:**

**US Mail: West Central Wisconsin Regional Planning Commission  
800 Wisconsin, Building D2, Mail Box 9  
Eau Claire, WI 54703**

**E-Mail: wcwrpc@wcvrpc.org**

**Fax: 715.836.2886**

**For questions on the application please call Tobi LeMahieu at 715.836.2918 ext. 19**

Residents and business owners who sustained losses are also encouraged to apply for all forms of disaster assistance through FEMA and SBA by registering online at <http://www.DisasterAssistance.gov> or by calling 1-800-621-FEMA(3362) or 1-800-462-7585 (TTY) for the hearing and speech impaired. The toll-free telephone numbers will operate from 7:00 a.m. to 9:00 p.m. (local time) seven days a week until further notice.

For SBA application assistance please contact the SBA Wisconsin District Office, 310 West Wisconsin Avenue, Suite 580W, Milwaukee, WI. Weekdays 8 AM – 4:30 PM or call 800.659.2955 to learn more about their application process.