



FLORIDA SMALL BUSINESS EMERGENCY BRIDGE LOAN APPLICATION

Disaster Event: Hurricane Irma 2017

Application Deadline: November 30, 2017
Or Until Program Funding is Exhausted (Rev 10-10-17)

LOAN AMOUNT REQUESTED*:

(maximum \$50,000)

APPLICATION DATE:

*** The need for the loan and use of proceeds must be directly related to the physical damage and/or economic injury caused by the designated disaster.**

LOAN TYPE: (check all that apply)

Physical Damage -- *Indicate type of damage*

Real Property

Business Contents

Attach photographs or images of damage to your business property or content, or estimates for replacing or repairing property damaged as a result of declared disaster.

Economic Injury (Loss of Sales or Revenues)

Attach written justification of economic loss or injury caused as a result of declared disaster, e.g. sales or income compared to previous year or period compared to current period.

TERMS REQUESTED:

(maximum 180 Days)

90 Days

180 Days

EXPECTED SOURCE OF REPAYMENT:

SBA Disaster Loan(s) Physical Damage

Insurance Proceeds Business Revenues

Bank or Other Loan Other _____

**ONLY ELIGIBLE, COMPLETED AND SIGNED APPLICATIONS WITH
REQUIRED SUPPORT DOCUMENTATION WILL BE ACCEPTED
PLEASE READ ENTIRE FORM BEFORE SUBMITTING**

Submit Application and Required Documents to your local Florida Small Business Development Center. To locate your local Florida SBDC visit www.FloridaSBDC.org/locations OR send completed applications and required documents to:

Florida SBDC Network Headquarters
C/O Florida Emergency Bridge Loan Process
220 West Garden Street, Suite 301
Pensacola, Florida 32502

Emailed applications and required documents will not be accepted.

Note: Credit Report of each owner on the application will be pulled by Florida First Capital Finance Corp after application is submitted.

For questions, contact Florida SBDC Network Headquarters, Disaster Information Hotline,
Disaster@FloridaSBDC.org or (850) 898-3489

SECTION I. ELIGIBILITY

YOUR BUSINESS MUST BE: (check all that apply)

- A for-profit, privately held small business that maintains a place of business in the state of Florida and was established prior to Sept. 4, 2017.
- A small business located in a designated county in Florida. (Eligible Florida Counties: ALL)
- A small business employer with two (2) to one hundred (100) employees.

Employees are defined as individuals who receive paid wages or salary which employment taxes (e.g. FICA, FUTA) and income taxes are withdrawn and remitted to the IRS, as evidenced by business tax returns filed, i.e. IRS Form 940, Employer's Annual Federal Tax Return, IRS Form 941, Employer's Quarterly Federal Tax Return or IRS Form W-3, Transmittal of Wage and Tax Statements. For purposes of eligibility, independent contractors (also known as 1099 employees) do not qualify as employees for this loan program.



ALL THREE OF THE ABOVE MUST BE TRUE TO BE ELIGIBLE FOR THIS PROGRAM.

YOUR BUSINESS MUST NOT BE: (check all that apply)

- A business deriving more than one-third of gross annual revenue from legal gambling activities.
- A business engaged in any illegal activity.
- A business that presents live performances of an indecent sexual nature or derive directly or indirectly more than 2.5 percent of gross revenues through the sales of products and services, or the presentation of any depictions or displays, of an indecent sexual nature, or the presentation of any depiction or displays, of an indecent sexual nature.
- A business that has a primary purpose of facilitating polyamorous relationships.
- A massage parlor.
- A hot tub facility.
- An escort service.



IF ANY OF THE ABOVE ARE CHECKED, YOUR BUSINESS IS INELIGIBLE AND DOES NOT QUALIFY FOR THIS LOAN PROGRAM.

SECTION II. REQUIRED APPLICANT DOCUMENTATION

REQUIRED LOAN APPLICATION DOCUMENTS:

Section III of this application form completed and signed by individual(s) who, individually or collectively, own fifty-one percent (51%) or more of the equity of the business, as evidenced by the business' tax statements.

Business Tax Returns – At a minimum, copies of the 2015 and 2016 Federal income tax returns for the applicant business, including all schedules, or a written explanation if the tax return(s) are not available.

One of the following:

Sole Proprietorship – Form 1040, US Individual Income Tax Return, Sch. C, Profit or Loss from Business

Partnerships – Form 1065, U.S. Return of Partnership Income, Schedule K-1, Partners Share of Income, Deductions and Credits

Corporations – Form 1120, U.S. Corporation Income Tax Return

S Corporations – Form 1120S, U.S. S-Corporation Income Tax Return

Note: Limited Liability Company (LLC) – IRS will treat an LLC as either a corporation, partnership, or as part of the LLC's owner's tax return (a "disregarded entity"). Specifically, a domestic LLC with at least two members is classified as a partnership (Form 1065) for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation (Form 1120 or 1120S). And an LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (Form 1040, Schedule C).

Individual Tax Returns – At a minimum, copies of the 2015 and 2016 Federal income tax returns, IRS Form 1040 and all schedules, for each individual business owner who completed and signed this application.

Business Employer Tax Documentation

One of the following:

2016 Employer's Annual Federal Tax Return (IRS Form 940)

2017 Employer's Quarterly Federal Tax Return (IRS Form 941)

2016 W-3s or W-2s for minimum of two employees



COLLECT ALL REQUIRED SUPPORT DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT WHEN PROVIDED WILL OFFER ADDITIONAL CONTEXT AND ASSIST THE LOAN COMMITTEE IN MAKING AN INFORMED LOAN DECISION. ADDITION INFORMATION MAY INCLUDE:

- Year-End Financial Statements for the past two tax years.
- Interim financial statements (profit & loss) for the current year-to-date.
- Additional filing requirements providing monthly sales figures.
- Explanation of credit report concerns and issues.

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE LOAN COMMITTEE TO DETERMINE A LOAN DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 7 DAYS OF THE REQUEST.

SECTION III. APPLICATION FORM

1. ORGANIZATION TYPE:

- Sole Proprietorship
 Partnership
 Corporation
 S-Corporation
 Limited Liability Company
 Other: _____ (NOTE: Non-Profit Organizations Do NOT Qualify)

2. BUSINESS' LEGAL NAME: (verified by Sunbiz.org)

3. TRADE NAME: (if different than legal name)

4. EIN (EMPLOYER IDENTIFICATION NUMBER):

5. STATE TAX IDENTIFICATION NUMBER:

6. MAILING ADDRESS:

- Business
 Home
 Temp
 Other _____

Number, Street, and/or Post Office Box:

City	County	State	Zip + 4
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7. DAMAGED PROPERTY ADDRESS(ES)

BUSINESS PROPERTY IS: (If you need more space, attach additional sheets.)

- Same as mailing address
 Do you:
 Own
 Lease

Number and Street

City	County	State	Zip + 4
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8. BUSINESS EMAIL AND WEBSITE

Business Email	Business Website
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9. PRIMARY BUSINESS ACTIVITY (NAICS CODE): (check one)

- | | |
|---|--|
| <input type="checkbox"/> (11) Agriculture, Forestry, Fishing and Hunting
<input type="checkbox"/> (21) Mining, Quarrying, and Oil and Gas Extraction
<input type="checkbox"/> (22) Utilities
<input type="checkbox"/> (23) Construction
<input type="checkbox"/> (31-33) Manufacturing
<input type="checkbox"/> (42) Wholesale Trade
<input type="checkbox"/> (44-45) Retail Trade
<input type="checkbox"/> (48-49) Transportation and Warehousing
<input type="checkbox"/> (51) Information
<input type="checkbox"/> (52) Finance and Insurance | <input type="checkbox"/> (53) Real Estate and Rental and Leasing
<input type="checkbox"/> (54) Professional, Scientific, and Technical Services
<input type="checkbox"/> (55) Management of Companies and Enterprises
<input type="checkbox"/> (56) Admin and Support and Waste Mgt and Remediation Services
<input type="checkbox"/> (61) Educational Services
<input type="checkbox"/> (62) Health Care and Social Assistance
<input type="checkbox"/> (71) Arts, Entertainment, and Recreation
<input type="checkbox"/> (72) Accommodation and Food Services
<input type="checkbox"/> (81) Other Services (except Public Administration)
<input type="checkbox"/> (92) Public Administration |
|---|--|

10. NUMBER OF EMPLOYEES: (pre-disaster)

11. DATE BUSINESS ESTABLISHED: (MM/YYYY)

12. BUSINESS FINANCIAL SUMMARY

	2015	2016	2017 (YTD, if available)
Gross Revenues			
Total Employment/Payroll Expense			
Pre-Tax Profit			

12. CREDIT INFORMATION				
Business Bank (Primary)		Contact Name (if any)		
Account Type (Checking, Savings, IRA, etc.)		Telephone Number		
Key Creditor / Vendor		Contact Name (if any)		
Account Type (Credit Card, Accounts Payable, Open Line, etc.)		Telephone Number		
Key Creditor / Vendor		Contact Name (if any)		
Account Type (Credit Card, Accounts Payable, Open Line, etc.)		Telephone Number		
13. AMOUNT OF ESTIMATED LOSS: (if unknown, enter a question mark)				
<input type="checkbox"/> Real Estate:		<input type="checkbox"/> Leasehold Improvements:		
<input type="checkbox"/> Machinery and Equipment:		<input type="checkbox"/> Loss of Sales:		
<input type="checkbox"/> Inventory:		<input type="checkbox"/> Other:		
14. INSURANCE COVERAGE (IF ANY)		Coverage Type:		
(If you need more space, attach additional sheets.)		<input type="checkbox"/> Property Insurance		
		<input type="checkbox"/> Business Interruption Insurance		
Name of Insurance Company and Agent:				
Phone Number of Insurance Agent:				
Policy Number:				
15. Describe the type and extent of physical damage and/or economic injury that your business has experienced as a result of the declared disaster. Attach photographs or other evidence of the physical damage.				
16. OWNERS: (must include all the following information)				
Application must include the following information for the individual(s) who, individually or collectively, own at least fifty-one percent (51%) of the equity of the business, as evidenced by the business' tax statements.				
(A) OWNER APPLICANT 1: (if less than 51% owner, additional owner applicant(s) are needed)				
Full Legal Name		Title/Office	% Owned*	E-mail Address
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)
			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address		City		State Zip

(B) OWNER APPLICANT 2: (if applicant 1 is less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip

(C) OWNER APPLICANT 3: (if applicants 1 and 2 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip

(D) OWNER APPLICANT 4: (if applicants 1 - 3 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip

* Total of all owners listed must be equal to or greater than 51% of total business ownership. Attach additional sheet if needed.

17. IF DIFFERENT THAN 17(A) and 17(B) ABOVE, PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR INFORMATION NECESSARY TO PROCESS THIS APPLICATION:

Name (Primary)	Name (Alternative)
Telephone Number	Telephone Number
Email	Email

18. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

_____ (Signature of Individual)	_____ (Print Individual Name)
_____ (Name of Company)	_____ Phone Number (include Area Code)
_____ Street Address	_____ City, State, Zip

Unless the NO box is checked, I give permission to discuss any portion of this application with the representative listed above. NO

SECTION IV. APPLICATION SIGNATURE

The undersigned, by signature on this document, verifies that information contained herein and in all attachments and all supporting documents and materials are true and complete, that I/we have authority to apply for this loan on behalf of the business, and intend to repay the loan using funds available to myself/us or the business that will be used to repay the loan.

The undersigned understands that Florida First Capital Finance Corporation, and/or other financial institutions assisting the Corporation in its administration of this loan program for the State of Florida, may investigate the credit of the applicant or co-applicants for purposes limited to this application, and hereby authorizes such investigation.

The information in this application, and/or additional information obtained in connection with its processing, as authorized above, is confidential, and shall not be released to any party without the written permission of the applicant(s) except for audit review by State or Federal agencies and upon request by financial institutions or agencies considering an extension of credit to the applicant(s). Misrepresentation of the above information could result in prosecution for fraud.

APPLICANT(S) SIGNATURE(S)

APPLICANT 1 (16A)		APPLICANT 2 (16B)	
Print Name		Print Name	
Signature		Signature	
Date		Date	
APPLICANT 3 (16C)		APPLICANT 4 (16D)	
Print Name		Print Name	
Signature		Signature	
Date		Date	

SECTION V. BORROWER CERTIFICATION AND ACKNOWLEDGMENT

I/We understand that the State of Florida Small Business Emergency Bridge Loan Program is designed to provide a short term loan to “bridge the gap” between the time a major catastrophe occurs and when a business has secured other capital resources. I/We understand that I/we are responsible for repayment of any funds loaned under the Program.

I/We intend to repay the loan through one or more of the following sources:

- I/We have applied, or promise to apply, for a U.S. Small Business Administration (SBA) Disaster Loan.
- I/We have applied, or promise to apply, for a loan from My/Our banking institution.
- I/We have filed a claim with My/Our insurance company for damages.
- I/We reasonably expect to generate sufficient revenues and cash flow from the business sufficient to repay the loan.
- I/We will have other resources available to repay the loan.

APPLICANT(S) SIGNATURE(S)

APPLICANT 1 (16A)	APPLICANT 2 (16B)
Print Name	Print Name
Signature	Signature
Date	Date
APPLICANT 3 (16C)	APPLICANT 4 (16D)
Print Name	Print Name
Signature	Signature
Date	Date

[END OF APPLICATION]