



FLORIDA SMALL BUSINESS EMERGENCY BRIDGE LOAN APPLICATION

Disaster Event: CHECK ONLY ONE

Lake Okeechobee Discharge/Algae Blooms
(Application Deadline November 5, 2018*)

Red Tide (Application Deadline: December 16, 2018*)

*Or Until Program Funding is Exhausted

LOAN AMOUNT REQUESTED:

(maximum \$50,000)

APPLICATION DATE:

LOAN TYPE: (check all that apply)

Have you also been impacted by Hurricane Irma?

Yes No

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 or period declared disaster, e.g. sales or income compared to previous year compared to current period.

EXPECTED SOURCE OF REPAYMENT:

SBA Disaster Loan(s) Other Federal Aid Insurance Proceeds Bank or Other Loan

**ONLY ELIGIBLE AND COMPLETED APPLICATIONS WITH
REQUIRED SUPPORTING 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

For questions, contact Florida SBDC Network Headquarters, Disaster Information Hotline,
Disaster@FloridaSBDC.org or (850) 898-3479

SECTION I. 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 authorized such investigation.

APPLICANT(S) SIGNATURE(S)

APPLICANT 1 (16A)

Print Name

Signature

Date

APPLICANT 2 (16B)

Print Name

Signature

Date

APPLICANT 3 (16C)

Print Name

Signature

Date

APPLICANT 4 (16D)

Print Name

Signature

Date

SECTION II. ELIGIBILITY

YOUR BUSINESS MUST BE:

1. A for-profit, privately held small businesses that maintains a place of business in the state of Florida and established prior to July 9, 2018, for Lake Okeechobee Discharge/Algae Blooms and August 13, 2018, for Red Tide.
2. A small business located in a designated county in Florida. Eligible Florida counties per Executive Order 18-191 for Lake Okeechobee Discharge/Algae Blooms are: **Glades, Hendry, Lee, Martin, Okeechobee, Palm Beach and St. Lucie**; and per Executive Orders 18-221 and 18-282 for Red Tide are: **Brevard, Broward, Charlotte, Collier, Hillsborough, Indian River, Lee, Manatee, Martin, Miami-Dade, Palm Beach, Pinellas, Sarasota and St. Lucie**.
3. A small business employer with two (2) to one hundred (100) employees.**
4. Must have paid in full previous loans received from the state emergency bridge loan program. Any outstanding bridge loan must be repaid in full prior to application submission for this event.

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

INELIGIBLE BUSINESSES:

1. A business deriving more than one-third of gross annual revenue from legal gambling activities.
2. A business engaged in any illegal activity.
3. A business that present 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.
4. A business that has a primary purpose of facilitating polyamorous relationships.
5. Massage parlors.
6. Hot tub facilities.
7. Escort services.



INELIGIBLE BUSINESSES DO NOT QUALIFY FOR THIS LOAN PROGRAM.

INTEREST RATES:

- Loans will be interest free for the term of the loan (180 days).
- Interest rate will be 18% per annum on the unpaid balance thereafter, until the loan balance is repaid in full

LOAN DEFAULT NOTICE:

Each loan must be repaid in full by the maturity date established in the loan promissory note. Any loan not repaid in full on or before the maturity date will be considered in default. A defaulted loan will incur interest and may be assigned to a collection agency. In the event of default, the borrower will be responsible for the full amount of the loan principal, interest, and collection agency fees.

SECTION III. 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 businesses tax statements.
- Business Tax Returns – At a minimum, copies of the 2016 and 2017 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 2016 and 2017 federal income tax returns, IRS Form 1040 and all schedules, for each individual business owner who completed and signed this application.
- Business Tax Returns
- Employer Tax Documentation (one of the following)
 - 2017 Employer's Annual Federal Tax Return (IRS Form 940)
 - 2017 Employer's Quarterly Federal Tax Return (IRS Form 941)
 - 2017 W-3s or W-2s for minimum of two employees



COLLECT ALL REQUIRED SUPPORTING DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT WILL ADD CONTEXT AND ASSIST THE LOAN COMMITTEE IN MAKING AN INFORMED LOAN DECISION. ADDITIONAL 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 IV. APPLICATION FORM

1. ORGANIZATION TYPE:

- Sole Proprietorship
 Partnership
 Corporation
 S-Corporation
 Limited Liability Company
 Other:

2. BUSINESSES LEGAL NAME: (verified by Sunbiz.org)

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

4. EIN (EMPLOYER IDENTIFICATION NUMBER):

| |
|--|
| |
|--|

5. REEMPLOYMENT ASSISTANCE TAX NUMBER (RA):

| |
|--|
| |
|--|

6. MAILING ADDRESS:

- Business
 Home
 Temp
 Other

Number, Street, and/or Post Office Box:

| | | | |
|------|--------|-------|----------|
| City | County | State | Zip Code |
| | | | |

7. BUSINESS PROPERTY ADDRESS(ES)

Number and Street

1. DO YOU:

- Own
 Lease

| | | | |
|------|--------|-------|---------|
| City | County | State | Zip + 4 |
| | | | |

9. PRIMARY BUSINESS ACTIVITY:

| |
|--|
| |
|--|

10. NUMBER OF EMPLOYEES AND AVERAGE WAGE: (pre-disaster)

| |
|--|
| |
|--|

11. DATE BUSINESS ESTABLISHED: (MM/YYYY)

| |
|--|
| |
|--|

12. BUSINESS FINANCIAL SUMMARY

| | 2016 | 2017 | 2018 (YTD, if available) |
|----------------------------------|------|------|-----------------------------|
| Gross Revenues | | | |
| Total Employment/Payroll Expense | | | |
| Pre-Tax Profit | | | |

13. 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 | | |
| 14. 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: | | |
| 15. INSURANCE COVERAGE (IF ANY) | | | |
| Coverage Type: <input type="checkbox"/> Property Insurance <input type="checkbox"/> Business Interruption Insurance <input type="checkbox"/> Other | | | |
| Name of Insurance Company and Agent: | | | |
| Phone Number of Insurance Agent: | | | |
| Policy Number: | | | |
| 16. 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. | | | |
| 17. 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 businesses 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 |

| | | | | |
|------------------------|---------------|-------------------------|------------------------------|---|
| Social Security Number | 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 |
|-----------------|--------------|----------|----------------|

| | | | | |
|------------------------|---------------|-------------------------|------------------------------|---|
| Social Security Number | 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 |
|-----------------|--------------|----------|----------------|

| | | | | |
|------------------------|---------------|-------------------------|------------------------------|---|
| Social Security Number | 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 |
|-----------------|--------------|----------|----------------|

| | | | | |
|------------------------|---------------|-------------------------|------------------------------|---|
| Social Security Number | 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.

18. 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 |
|-------|-------|

19. 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 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 intend to apply for a U.S. Small Business Administration (SBA) Disaster Loan, SBA Disaster Loan(s) or other Federal Assistance.
- I/We have applied or intend to apply for a loan from my banking institution.
- I/We have filed a claim with our insurance company for damages.
- 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]