

Application

Mayor & City Council of Cumberland COVID-19 Small Business Loan Program

PART 1: APPLICANT INFORMATION

Applicant's Exact Legal Name:		
Applicant's Trade Name (if applicable):		
Applicant's Physical Address:		
Applicant's Business Telephone Number:		Number Of Employees As Of March 5, 2020:
Federal Taxpayer ID Number:	Date Established:	State of Incorporation (if applicable):
Business Type: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Other		
Type Of Business Or Service (for example, restaurant, hotel, retail, etc.):		
Name Of Applicant's Authorized Agent:		
Address Of Applicant's Authorized Agent:		
Authorized Agent's Telephone Number:		Authorized Agent's Email Address:

PART 2: OATH & AFFIRMATION OF APPLICANT'S AUTHORIZED AGENT

By placing a check mark in the box below, the Authorized Agent of Applicant identified in Part 1 above does hereby swear and affirm subject to the penalties of perjury that: (1) the information contained in this application is true and correct to the best of the Authorized Agent's knowledge, information and belief; (2) the Authorized Agent is vested with full legal power and authority to make this application, and has duly prepared this application; and (3) the Authorized Agent is vested with full legal power and authority to bind Applicant to all terms and conditions governing Applicant's receipt of any funding pursuant to this Application.



PART 3: APPLICANT'S FINANCIAL INFORMATION

SECTION A: CASH FLOW			
	Annual 01/01/2019 to 12/31/2019	Average Monthly 01/01/2019 to 12/31/2019	Average Monthly 01/01/2020 to 04/30/2020
Revenue	\$	\$	\$
Total Expenses	\$	\$	\$
Employee Wages	\$	\$	\$
Employee Benefits	\$	\$	\$
Repairs & Maintenance	\$	\$	\$
Real Estate Loan & Lease	\$	\$	\$
Personal Property Loan & Lease	\$	\$	\$
Credit Card & Revolving Debt	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Advertising & Marketing	\$	\$	\$
Vehicle Expenses	\$	\$	\$
Office Supplies	\$	\$	\$
Inventory & Cost Of Goods Sold	\$	\$	\$
Legal & Professional Services	\$	\$	\$
Taxes & Licenses	\$	\$	\$
Other:	\$	\$	\$
Cash Flow	\$	\$	\$

SECTION B: BALANCE SHEET		
	As of 12/31/2019	As of 04/30/2020
Total Assets	\$	\$
Cash	\$	\$
Investments	\$	\$
Accounts Receivable	\$	\$
Prepaid Expenses	\$	\$
Land & Buildings (net)	\$	\$
Furniture & Equipment (net)	\$	\$
Inventory (net)	\$	\$
Automobiles (net)	\$	\$
Other:	\$	\$
Total Liabilities	\$	\$
Accounts Payable	\$	\$
Wages & Benefits Payable	\$	\$
Interest Payable	\$	\$
Taxes Payable	\$	\$
Judgments	\$	\$
Other:	\$	\$
Equity	\$	\$
Total Liabilities & Equity	\$	\$

PART 4: APPLICANT'S STATEMENT OF NEED

Provide a short summary describing the manner in which the Applicant has suffered a material financial loss as a result of the COVID-19 pandemic. Please limit the summary to 300 words or less.