

**AKRON RESILIENCY FUND
PRE-APPLICATION FORM**



PLEASE COMPLETE THE PRE-APPLICATION FORM AND RETURN VIA EMAIL TO KYLE.JULIEN@DEVELOPMENTFINANCEAUTHORITY.ORG.

LEGAL BUSINESS NAME

BUSINESS ADDRESS

ESTIMATED AMOUNT OF LOAN REQUEST:

DATE BUSINESS WAS ESTABLISHED (mm/dd/yyyy)

BRIEFLY DESCRIBE THE GOODS AND/OR SERVICES THAT THE BUSINESS PROVIDES (THREE SENTENCES OR LESS):

EIN:

ORGANIZATION STRUCTURE (CHECK ONE):

- | | | |
|-------------------------------|---------------------|---------------|
| SOLE PROPRIETOR | GENERAL PARTNERSHIP | C-CORPORATION |
| LIMITED LIABILITY CORPORATION | LIMITED PARTNERSHIP | S-CORPORATION |
| LIMITED LIABILITY PARTNERSHIP | OTHER (DEFINE): | |

BUSINESS OWNERSHIP:

PLEASE LIST ALL BUSINESS OWNERS, WITH PERCENT OF OWNERSHIP TOTALING 100%

ALL OWNERS WILL HAVE TO ATTEST THAT THE INFORMATION SUBMITTED IN THE APPLICATION IS CORRECT, AND AUTHORIZE A PERSONAL CREDIT REPORT.

OWNER NAME

OWNER EMAIL ADDRESS

% OWNERSHIP
(enter 80% as .80)

HOW WILL THE LOAN PROCEEDS BE SPENT? (CHECK ALL THAT APPLY.)

PAYROLL & WORKING CAPITAL

EQUIPMENT PURCHASE

REFINANCE EXISTING BUSINESS DEBT

ARE THE FOLLOWING STATEMENTS TRUE?

THE BUSINESS IS LOCATED IN AN ELIGIBLE PROGRAM AREA AND I HAVE VERIFIED ELIGIBILITY BY VISITING THE AKRON RESILIENCY FUND [LOCATION ELIGIBILITY WEBPAGE](#)

THE BUSINESS HAS FEWER THAN 50 EMPLOYEES

AT LEAST 25% OF THOSE EMPLOYEES ARE AKRON RESIDENTS

THE ANNUAL GROSS REVENUES OF THE BUSINESS IN 2019 WERE LESS THAN \$3 MILLION

THE BUSINESS IS **NOT** A NOT-FOR-PROFIT ORGANIZATION, OR CONTROLLED BY A NOT-FOR-PROFIT ORGANIZATION

THE BUSINESS IS **NOT** ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES: RACETRACK, CASINO, LIQUOR STORE, MASSAGE PARLOR, HOT TUB FACILITY, COUNTRY CLUB, GOLF COURSE, PAWN SHOP, PAYDAY LENDING, RENTAL REAL ESTATE, TOBACCO OR VAPING SALES, INTERNET CAFE/SKILLS GAME PARLOR

HOW DID YOU HEAR ABOUT THE AKRON RESILIENCY FUND?

CONTACT PERSON

EMAIL

PHONE

OWNER

EMPLOYEE

OTHER: