

Application Form

LOAN REQUEST

Amount Requested:

(Please insert numbers only, no special characters or symbols.)

What will the funds be used for?

(Respond with one brief sentence)Some examples are: inventory, working capital, salaries, payroll, etc.

BUSINESS INFORMATION

Business Legal Name:

Business DBA:(If applicable)

Business Address:

Street

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

Business Email Address:

Business Phone Number:

 **Business Fax Phone Number:**

 **Business Website:**

 **NAICS Code:(6 Digit)**

 **Business Industry:**

 **Brief Business Description:**

 **Federal Tax ID #:**

(If Applicable)

 **Legal Entity Type:**

- LLC
- LLP
- Sole Proprietorship
- Partnership
- S- Corporation
- C-Corporation
- Not incorporated


 **City of Norfolk Business License Number:**

(If Applicable)

 **City of Norfolk Business License Account Number:**

(If Applicable)

 **Years in Business:**

 **Number of Employees:**

 **Is this Business SWAM Certified?**

- Yes
- No

 **Is this Business Minority Owned?**

- Yes
- No

 **Is this Business Women Owned?**

- Yes

No

 **Is this Business Veteran Owned?**

Yes

No

 **COMPANY PROFILE**


 **Do you currently export any of your products/ services?**

Yes

No

 **If yes, please explain:**

 **List your Key International and/or Domestic Major Suppliers:**

 **Affiliated Businesses:** (List any other business owned by any principal with 20% or more ownership in the company)

Business Name / Owner / % of Ownership

 **Does your company owe any delinquent taxes?**

Yes

No

 **If yes, please provide details:**

 **Does your company have any loans due to or from any related entity, principles, or investors?**


Yes

No

 **Does your company have Business Interruption Insurance Coverage?**

Yes

No

 **If yes, please provide details:**

 **Is your financial institution assisting with your working capital needs and/or loan modifications needs?**

Yes

No


 **Business Bank:**

Bank Name _____

Account Officer _____


Phone Number _____

Email Address _____

 **Have you applied for other federal and/or local disaster relief programs i.e. EIDL, PPP, Rapid Response, or any City of Norfolk grant or loan funding?**

Yes

No

 **Please list what other federal and/or local disaster relief programs you have applied for i.e. EIDL, PPP, Rapid Response, or any City of Norfolk grant or loan funding.**

Please Type "N/A" if not applicable

 **What is the status of those previously mentioned applications? (i.e. approved, denied, pending, etc.)**

Please Type "N/A" if not applicable

 **What business expenses are those previously mentioned program applications covering? (i.e. payroll, rent, etc.)**

Please Type "N/A" if not applicable

 **PRINCIPAL APPLICANT INFORMATION**

 **Principal Applicant First Name:**

 **Principal Applicant Middle Name:**

 **Principal Applicant Last Name:**

 **Former Last Name: (If Applicable)**

 **Principal Applicant Address:**


Street _____

City _____

- State
- Alabama
 - Alaska
 - Arizona
 - Arkansas
 - California
 - Colorado
 - Connecticut
 - Delaware
 - District of Columbia
 - Florida
 - ... 31 additional choices hidden ...
 - South Dakota
 - Tennessee
 - Texas
 - Utah
 - Vermont
 - Virginia
 - Washington
 - West Virginia
 - Wisconsin
 - Wyoming

Zip _____

 **Years at current address:**

 **Previous Address:** (Only complete if you have been at your current address for less than two years)(If Applicable)

Street _____

City _____

- State
- Alabama
 - Alaska
 - Arizona
 - Arkansas
 - California
 - Colorado
 - Connecticut
 - Delaware
 - District of Columbia
 - Florida
 - ... 31 additional choices hidden ...
 - South Dakota
 - Tennessee
 - Texas
 - Utah
 - Vermont
 - Virginia
 - Washington
 - West Virginia
 - Wisconsin
 - Wyoming

Zip _____

 **Principal Applicant Primary Phone Number:**

 **Principal Applicant Alternate Phone Number:**

 **Principal Applicant Fax Number:**

 **Principal Applicant Email Address:**

 **Principal Applicant Title/ Business Role:**

ie. CEO, Owner, etc.

 **Ownership Percentage in Company:**

 **SSN#:**

 **Date of Birth:**


____/____/____(YYYY/MM/DD)

 **Place of Birth (City):**

 **Place of Birth (State/Region):**

 **Indicate Gender:**

- Female
- Male

 **Indicate which race you most closely identify with:**

- African American
- Asian or Pacific Islander
- Native American
- White
- Hispanic
- Eskimo or Aleut
- Other


 **Are you employed by the US Government or the City of Norfolk?**

- Yes
 No

 **Agency/ Position:**

 **Military Services Background:**


Branch/ Dates From/ Dates To/ Honorable Discharge (yes or no)

 **Are you a US Citizen?**

- Yes
- No

 **Is your spouse a US Citizen?**

- Yes
- No
- Not Applicable

 **Are you or your company/ related businesses on the Office of Foreign Asset Control's Sanction List?**

- Yes
- No

 **Are you presently under indictment, on parole, or probation?**

- Yes
- No

 **If yes, please furnish below.**

 **Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?**

- Yes
- No

 **If yes, please furnish below.**


 **Have you or any officer/owner of your company ever been involved in bankruptcy or insolvency proceedings?**

- Yes
- No

 **If yes, please provide details.**

 **Are you or your company (including inter-related companies) involved in any pending lawsuits?**

- Yes
- No

 **If yes, please provide details.**
