HURRICANE IRMA SMALL BUSINESS EMERGENCY BRIDGE LOAN

LOAN APPLICATION FORM

For small businesses, up to 100 employees, that have experienced physical damage and/or economic injury as a result of **Hurricane Irma**. Loans up to \$25,000 are available to bridge the gap to businesses' receipt of other funds.

egal business wante:			Federal Tax I.D. #		
Address:	(0)		State Tax I.D. #		
			Unemployment Compensation Accoun		
(City)	(County)	(State/Zip)	#		
Telephone:			nrted: Month/Year		
Telephone (Cell):	Management of the Control of the Con	Email address _			
siness Location (if other th	an above):				
Address:	attington and a second a second and a second a second and				
200002	(Street)				
(City)	(County)	(State/Z	ip)		
Telephone:		Date Business Starte	d at This Location: Month/Year		
pe of Business Activity: (D	escribe)				
	, and the second	Partnership □ S-Coi	p.□C-Corp□LLC□LLP		
siness Form: (Check one): mber of Employees (FTE):	Sole Proprietorship□	•			
siness Form: (Check one): mber of Employees (FTE):	Sole Proprietorship□	•			
siness Form: (Check one): mber of Employees (FTE):	Sole Proprietorship□ ———ally the majority owner ((at least 51%) may a			
siness Form: (Check one): mber of Employees (FTE): njority Business Owner: On Full Name:	Sole Proprietorship□ ———ally the majority owner ((at least 51%) may a	pply for this loan. al Security #:		
siness Form: (Check one): mber of Employees (FTE): njority Business Owner: On Full Name:	Sole Proprietorship□ —— hly the majority owner ((at least 51%) may a Soci	pply for this loan. al Security #:		
Title:	Sole Proprietorship	(at least 51%) may a Soci	pply for this loan.		
Isiness Form: (Check one): Imber of Employees (FTE): Indicate ajority Business Owner: One Full Name: Title: Percent Ownership:	Sole Proprietorship ——— nly the majority owner (——— Date of Birth: _	(at least 51%) may a Soci	oply for this loan. al Security #: cr's License #:		

<u>Licenses:</u> (Check as many as appropriate) ☐ Salts	water Products ☐ Apalachicola Bay Oyster Harvesting ☐ Seafood Deale			
☐ Shellfish Processing Plant Certification ☐ Cl	harter Boat Captain			
<u>Numbers:</u> (valid – current year)				
License #1	Endorsements (type)			
License #2				
License #3				
Wholesale Seafood Dealer #	Shellfish Processing Plan Certification			
Charter Boat Captain #	Other			
Financial Information:				
Annual Revenue: 2016				
Total Payroll:*				
PreTax Income:				
* Attach adequate documentation of payroll, cocompensation.	ommissions paid, distributions to owners or any other type of			
Commercial landings and sales (by species and Sa separate sheet if necessary.	ltwater Products License/Wholesale/Retail Dealer License). Attach a			
Calendar 2016	Calendar 2015			
Credit Information:				
Banking Relationship: Bank Name:	Contact:			
Account #(s)/Type:				

Name:	Contact:
	Telephone:
Account #(s)/Type:	
Name:	Contact:
	Telephone:
Account #(s)/Type:	
cumentation:	
ach federal tax returns for the last two comp	oleted years.
sical damage and/or economic injury as a result SBA Disaster Loans. Examples include, but are perty; receipts for replacing or repairing propert	n of impact. Businesses must demonstrate that they have experience to f Hurricane Irma. Documentation may be similar to that provide not limited to, photographs or images of damage to your business ty; trip tickets; monthly sales statements; occupancy rate reports; bing records. Documentation of economic injury must show previous rel of activity as a result of Hurricane Irma.

Expected Source of sustained as a result		k as appropriate). Attach	copies of insuranc	e claims related to damages
Personal Funds	☐Business Funds	☐ Insurance Proceeds	☐Bank Loan	☐Government Loan
Other				
Requested Term: (6	Check one) ☐90 day	s □180 days		
Certification and Si	gnature:			
supporting material is	s true and complete, t	ument, verifies that inform that he/she has authority to ess and by applying for	ation contained he apply for this loa	erein and in all attachments and all an, and intends to repay using
Finance Corporation,	and/or other financia of Florida, may inve	al institutions assisting the stigate the credit of the ap	Corporation in its	nds that Florida First Capital administration of this loan icant(s) for purposes limited to this
ticket landings and a	any other related inf	ament also authorizes the formation to the Corporat Business Emergency Brid	ion for the purpos	r reported marine fisheries trip es of review per the policies and
authorized above, is c except for audit review	confidential, and shall w by State or Federal	agencies and upon reques	ty without the wri	ion with its processing, as itten permission of the applicant(s) itutions or agencies considering and result in prosecution for fraud.
Legal Business Name	:			
Applicant Name:	(Print)			
	(Signature)			
	(Date)			

Hurricane Irma

Small Business Emergency Bridge Loan Program

Borrower Certification and Acknowledgment

Ι, _	(Borrower) understand that the
	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 resources. I understand that I am
	responsible for repayment of any funds loaned under the Program.
I iı	ntend to repay the loan through one or more of the following sources:
	I have applied, or I promise to apply, for a Small Business Administration (SBA) disaster loan.
Ш	I have applied, or I promise to apply, for a loan from my banking institution.
	I reasonably expect to receive revenues from my business sufficient to repay loan.
	I will have other resources available to repay the loan.
Boı	rower
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