



Shopsteading Loans for Carlisle Borough Application

APPLICANT INFORMATION

Name: _____ SS#: _____

Birth Date: _____

Spouse's Name: _____ SS#: _____

Birth Date: _____

Address: _____

Your Phone Number(s): _____

BUSINESS INFORMATION

Legal Name of the Business: _____

Property Address: _____

Employer Identification Number (EIN): _____

DUNS Number: _____

Business Description: _____

LOAN REQUEST INFORMATION AND PROJECT FINANCIALS

1. Loan Purpose:

____ Acquisition; is the first floor currently vacant? Y / N

____ Commercial rehabilitation

____ Acquisition and rehabilitation; is the first floor currently vacant? Y / NO

____ Fixtures, furnishings, equipment and/or façade

____ Working capital

____ Other: _____

2. Is the property located within the designated historic district?

____ Yes ____ No ____ Don't Know

3. Is the property:

____ Walk-in ready ____ Condemned ____ Blighted ____ In need of total rehabilitation

____ In disrepair ____ In need of minor repairs or updates

Year built (if known): _____

4. Anticipated Acquisition and/or Rehabilitation Start Date: _____

5. Estimated Cost:

Acquisition: \$ _____ Rehabilitation: \$ _____

Estimated Other Costs: \$ _____ for: _____

\$ _____ for: _____

6. Do you have the ability to self-finance or obtain a mortgage or other financing for the remaining purchase price of the property and/or project costs in order to open the property or business or make the property available for tenancy?

Y / N

7. Do you have a letter of commitment from a financial institution for the project? If so, from whom and for how much?

From: _____

For: \$ _____

ECONOMIC AND COMMUNITY DEVELOPMENT INFORMATION

1. The loan request relates to how many potential businesses on the property's first floor? 1 2 3
2. Will there be any potential businesses on upper floors? Y / N

Please describe the commercial businesses which will occupy the premises after acquisition or rehabilitation is completed:

Space #1 _____

Space #2 _____

Space #3 _____

Note: Preference is given to downtown retail and restaurant businesses or those properties housing or designed to house retail or restaurant businesses as part of this project.

3. How many of the businesses described above would be new businesses?

1 2 3

4. How many jobs will be created by these new businesses?

Space #1: _____ Full-time _____ Part-time

Space #2: _____ Full-time _____ Part-time

Space #3: _____ Full-time _____ Part-time

5. Will the rehabilitation result in more net usable square footage? Y / N

If yes, how many additional square feet will be created? _____

6. Will any additional full or part-time jobs be created as a result of this additional space? Y / N

If yes, how many additional jobs? _____ Full-time _____ Part-time

7. Does the project include improvements to the upper floors and any apartment units top shop? Y / N

I certify that all information provided within this application is accurate and up to date to the best of my knowledge.

Applicant Signature

Date