



**FLORIDA RECYCLING LOAN PROGRAM
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

SUPPLEMENTAL FORMS

Forms Included in this package:

1. Information Checklist
2. Addendum To Application
3. History of Business
4. Management Resume
5. Personal Financial Statement
6. Forecast of Profit (Loss)
7. Business Debt Schedule

FLORIDA RECYCLING LOAN PROGRAM FORMS

Information Addendum

Please note that not all the listed information will apply to your loan request. Please check (✓) the information that you are providing with your completed application.

✓	EXHIBIT	EXHIBIT DESCRIPTION
	A	Current balance sheet & operating statement (no older than 90 days.
	B	A year-end balance sheet and operating statement for the previous three- (3) years.
	C	Personal Financial statements for each principal with 20% or more ownership (use attached form).
	D	Resumes on each principal with 20% or more ownership and key management personnel
	E	Three- (3) years personal income tax returns on each principal with 20% or more ownership.
	F	List of major principals or stockholder reflecting percent of ownership or percent of partnership.
	G	Aging of Accounts Receivable & payable Schedules no older than 90 days. (Should match in date with the current balance sheet and operating statement in Exhibit A.)
	H	If a new business submit your business plan. (Less than two years old)
	I	If a corporation, provide copy of articles, by-laws and charter. If a partnership, provide the partnership agreement and an addendum showing that this project is approved by all partners.
	J	A copy of the previous three years company tax returns.
	K	Provide income statement projections for the next two years and include a month-by-month cash flow for the next 12 months (forms attached).
	L	Include all quotes for purchase of machinery and equipment.
	N	Include all quotes on installation of equipment being purchased, if applicable.



Addendum to Application

The applicant, by signature on this document, authorizes Florida First Capital Finance Corporation (FFCFC) to verify the accuracy of the application and to procure such additional information, as FFCFC deems necessary to process the Florida Recycling Loan Program (FRLP) request. The applicant further understands that FFCFC may investigate the credit record of the principals. All information obtained shall remain confidential and will be *used only for purposes directly* connected with evaluating this application. This information shall not be released to any party outside FFCFC without written permission of the applicant.

Full Name		Tax I. D.	
Signature of Principal		Title	
Street Address		Telephone #	
City, State, Zip		Fax #	
County		Email Address	

BUSINESS OWNERS:

Full Name		Social Security #	
Signature		Title	
		% of Ownership	
Residential Address		Telephone #	
City, State, Zip		Date of Birth	

Full Name		Social Security #	
Signature		Title	
		% of Ownership	
Residential Address		Telephone #	
City, State, Zip		Date of Birth	

Full Name		Social Security #	
Signature		Title	
		% of Ownership	
Residential Address		Telephone #	
City, State, Zip		Date of Birth	

Full Name		Social Security #	
Signature		Title	
		% of Ownership	
Residential Address		Telephone #	
City, State, Zip		Date of Birth	

HISTORY OF BUSINESS

(Use Separate Attachments To
Answer Questions If Necessary)

COMPANY NAME _____

NATURE OF BUSINESS

TYPES OF PRODUCT/SERVICES

CUSTOMER PROFILE

COMPETITIVE ADVANTAGES

MAJOR SUPPLIERS

GEOGRAPHICAL SALES AREA

_____	_____
_____	_____
_____	_____

FUTURE PLANS FOR GROWTH/EXPANSION

HOW WILL THIS LOAN BENEFIT YOUR COMPANY?

WILL THE FUNDING OF THIS LOAN CREATE NEW EMPLOYMENT OPPORTUNITIES?

_____ IF SO, STATE HOW _____

Signature _____ Date _____

MANAGEMENT RESUME'

Please fill in all spaces, using full first, middle, maiden and last names - no initials. If an item is not applicable, please indicate. Duplicate this form as needed.

Name _____
First Middle Maiden Last From/To

A.K.A. _____
First Middle Maiden Last From/To

A.K.A. _____
First Middle Maiden Last From/To

Street City State Zip How Long?

Previous _____
Street City State Zip How Long?

Education

College or Technical Training Name and Location	Date Attended From/To	Major Certificate	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service Background

Branch _____ From _____ To _____ Honorable Discharge YES NO
Vietnam Veteran YES NO

Rank at discharge _____ Major Assignment/Accomplishment _____

Employment Experience (List Chronologically, beginning with present employment)

Employer/Location _____

From _____ To _____ Title _____

Duties _____

Employer/Location _____

From _____ To _____ Title _____

Duties _____

Employer/Location _____

From _____ To _____ Title _____

Duties _____

Employer/Location _____

From _____ To _____ Title _____

Duties _____

Signature _____ Date _____

Section 3. Stocks & Bonds. (use attachments if necessary. Each attachment must be identified as a part of this statement & signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments, if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C	Property D
Type of Property				
Address				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Month				
Status of Mortgage				

Section 5. Other Personal Property & Other Assets (Describe and if any is pledged as security, state name & address of lienholder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type; to whom payable; when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail.)

Section 8. Life Insurance Held.

Insurance Company Face Amount Cash Surrender Amount Beneficiaries

I authorize FFCFC to make inquiries as necessary to certify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a Florida Recycling Loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U. S. Attorney General (Reference 18 U.S.C. 1001

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

FORECAST OF PROFIT (LOSS)

	YEAR 1	% of Sales	YEAR 2	% of Sales
1. Total Sales (Net)		100%		100%
2. Cost of Sales				
3. Gross Profit (Line 1 minus Line 2)				
4. Expenses (operating)				
5. Salaries (other than owner)				
6. Payroll Taxes				
7. Rent				
8. Utilities (include phone)				
9. Insurance				
10. Professional Service (i.e. CPA, Attorney)				
11. Taxes & Licenses				
12. Advertising				
13. Supplies (for business)				
14. Office Supplies (forms, postage, etc.)				
15. Interest (loans, contracts, etc.)				
16. Depreciation				
17. Travel (include operating costs of vehicle)				
18. Entertainment				
19. Dues & Subscriptions				
20. Other Contigent				
21.				
22. Total Expenses (add lines 5 thru 21)				
23. Profit Before Taxes (line 3 minus 22)				

Signature _____

Date _____

ATTACH ASSUMPTIONS (Supporting documentation) TO THIS FORM.

