



MICRO-LOAN FINANCING APPLICATION ACCESS FLORIDA FINANCE CORPORATION

GENERAL INFORMATION

Operating Company Name		
Address		County
City	State	Zip Code
Phone Number		Fax Number
Operating Company Tax ID Number		
E-Mail Address		
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company or LLP		
The next three answers are not required. However, the SBA may offer additional benefits for businesses owned 51 percent or more by women, minorities or veterans.		
Veteran-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Woman-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minority-Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is project located in a community revitalization or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Is the project located in an area affected by federal budget cutbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Will the proceeds be used for plant re-tooling or modernization of manufacturing facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

PRINCIPAL INFORMATION

(Please list information on all company principals, owners and loan guarantors. Anyone who co-signs for the loan or owns more than 10 percent of stock in the operating company should be listed as a principal. Use additional sheets if necessary.)

Principal

First Name		Full Middle Name		Last Name	
Title					
Ownership Percentage			Date of Birth		
Place of Birth			Social Security Number		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide resident alien number and a copy of front and back of resident alien card _____			Home Telephone Number		
Home Address				From:	(Mo./Yr.)
				To:	(Mo./Yr.)
City		State		Zip Code	

