



**APPLICATION FOR FINANCING  
Checklist**

|  |                                                                                                                                                                                                                                                                                                                                                                              |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Business Plan consisting of business/product/service description, market/competition analysis, marketing plan, operations/management plan, projected 3 years income and expenses statements and first year cash flow statement.                                                                                                                                              |
|  | Resumes of all business principals.                                                                                                                                                                                                                                                                                                                                          |
|  | If you are an existing business, 2 years recent historical financial statement (profit and loss and balance sheet), corresponding copies of full Income Tax Returns and Assessment Notices. Copies of HST and payroll accounts as well if applicable.                                                                                                                        |
|  | If you are an existing business, year to date financials consisting of a balance sheet, income and expense statement, aged current accounts payables list and aged current accounts receivables aged list.                                                                                                                                                                   |
|  | A copy of the front and back of a birth certificate (or Canadian citizen or Landed Immigrant Certificate) and drivers license for each of the business principals.                                                                                                                                                                                                           |
|  | Copies of two years of recent Income Tax Returns and all pages of the returns are to be provided for each of the business principals.                                                                                                                                                                                                                                        |
|  | Copies of two years of Canada Revenue Agency's Notice of Assessments for each business principals                                                                                                                                                                                                                                                                            |
|  | A separate Statement of Assets and Liabilities is to be completed by each business principal. A copy of most recent MPAC statement must be provided and most recent proof of municipal taxes are paid.                                                                                                                                                                       |
|  | If you are incorporated, a copy of your incorporation papers. If you are incorporated and using a trade name, a copy of the trade name registration.<br>If you are a sole proprietor or partnership a copy of your Master Business License (if this application is for a proposed new business and you have not completed your registration, a copy will be required later). |
|  | A complete list of all assets (equipment, furniture, fixtures, inventory, computers, vehicles, land, buildings, etc.) that you own with your estimation of the fair market value.                                                                                                                                                                                            |
|  | If you are intending to use land and a building for security, a copy of the Assessment Notice for that property and a statement of mortgage balances for that property. You may also provide a copy of a Property Appraisal if it is less than one year old.                                                                                                                 |
|  | If you are purchasing an existing business, 2 years of historical financial statements (income and expense sheet and balance sheet).                                                                                                                                                                                                                                         |

| INFORMATION                                                                       |                                              |                |                                      |             |                                      |
|-----------------------------------------------------------------------------------|----------------------------------------------|----------------|--------------------------------------|-------------|--------------------------------------|
| Company Name<br>(as on your Master Business Licence or Articles of Incorporation) |                                              |                |                                      |             |                                      |
| Address of Business                                                               |                                              |                |                                      |             |                                      |
| City                                                                              |                                              | Prov.          |                                      | Postal Code |                                      |
| Phone                                                                             |                                              | Email          |                                      |             |                                      |
| Web site                                                                          |                                              |                | Date Established                     |             |                                      |
| Structure                                                                         | Sole Proprietorship <input type="checkbox"/> |                | Partnership <input type="checkbox"/> |             | Corporation <input type="checkbox"/> |
|                                                                                   | Number of Partners _____                     |                | Number of Shareholders _____         |             |                                      |
| Location                                                                          | Owned <input type="checkbox"/>               | Date Purchased |                                      |             |                                      |
|                                                                                   | Leased <input type="checkbox"/>              | Expiry Date    |                                      |             |                                      |
| Federal Business/Number or HST #                                                  |                                              |                |                                      |             |                                      |

| OWNER INFORMATION # 1 (Please make sure information is provided for each business principal) |  |       |  |             |  |
|----------------------------------------------------------------------------------------------|--|-------|--|-------------|--|
| Name                                                                                         |  |       |  |             |  |
| Address                                                                                      |  |       |  |             |  |
| City                                                                                         |  | Prov. |  | Postal Code |  |
| Phone                                                                                        |  | Email |  |             |  |

| OWNER INFORMATION # 2 |  |       |  |             |  |
|-----------------------|--|-------|--|-------------|--|
| Name                  |  |       |  |             |  |
| Address               |  |       |  |             |  |
| City                  |  | Prov. |  | Postal Code |  |
| Phone                 |  | Email |  |             |  |

| OWNER INFORMATION # 3 |  |       |  |             |  |
|-----------------------|--|-------|--|-------------|--|
| Name                  |  |       |  |             |  |
| Address               |  |       |  |             |  |
| City                  |  | Prov. |  | Postal Code |  |
| Phone                 |  | Email |  |             |  |

| OWNER INFORMATION # 4 |  |       |  |             |  |
|-----------------------|--|-------|--|-------------|--|
| Name                  |  |       |  |             |  |
| Address               |  |       |  |             |  |
| City                  |  | Prov. |  | Postal Code |  |
| Phone                 |  | Email |  |             |  |

| HEREBY APPLIES TO NOTTAWASAGA COMMUNITY FUTURES DEVELOPMENT CORPORATION (the "Corporation") FOR FINANCING |    |                              |   |     |
|-----------------------------------------------------------------------------------------------------------|----|------------------------------|---|-----|
| Amount                                                                                                    | \$ | Anticipated Repayment Period | # | YRS |

| ESTIMATED PROJECT COST |    | EXPECTED FINANCING |    |
|------------------------|----|--------------------|----|
| Land                   | \$ | CFDC Loan          | \$ |
| Building/Leaseholds    | \$ | Owner's Investment | \$ |
| Equipment              | \$ | Other Financing    | \$ |
| Working Capital        | \$ | Grants             | \$ |
|                        | \$ |                    | \$ |
| Project Total          | \$ | Project Total      | \$ |

Note: Estimated Project Cost Should equal Expected Financing Costs

#### PAST SOLVENCY

|                                                                                      |                              |                                                    |
|--------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| Have you ever owned a business in the past?                                          | Yes <input type="checkbox"/> | If yes explain the current status of the business: |
|                                                                                      | No <input type="checkbox"/>  |                                                    |
| Have you owned a business that has ever been in receivership or declared bankruptcy? | Yes <input type="checkbox"/> | If yes explain:                                    |
|                                                                                      | No <input type="checkbox"/>  |                                                    |

#### JOB IMPACT AND BUSINESS INFORMATION

|                                                                                                                                                                                                                                                                                       |           |                   |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|-----------------|--|
| Project to influence                                                                                                                                                                                                                                                                  | New Jobs  |                   | Jobs Maintained |  |
| How many staff do you currently employ including yourself?                                                                                                                                                                                                                            | Full Time |                   | Part Time       |  |
| How many staff do you expect to add in the next 6 months as a result of this loan application?                                                                                                                                                                                        | Full Time |                   | Part Time       |  |
| That adequate and reasonable financing from other lending sources was unavailable for this business proposal.                                                                                                                                                                         | Yes       |                   | NO              |  |
| Name of Institution                                                                                                                                                                                                                                                                   |           |                   |                 |  |
| That the applicant will notify the Corporation immediately of any application pending and under consideration by another lender, or if negotiations are entered into, or an offer of financing is received, during the period of the Corporation's consideration of this application. |           |                   |                 |  |
| Legal Advisor                                                                                                                                                                                                                                                                         |           |                   |                 |  |
| Legal Firm                                                                                                                                                                                                                                                                            |           | Lawyer's Name     |                 |  |
| Phone                                                                                                                                                                                                                                                                                 |           | Fax               |                 |  |
| Address                                                                                                                                                                                                                                                                               |           |                   |                 |  |
| Financial Advisor                                                                                                                                                                                                                                                                     |           |                   |                 |  |
| Accounting Firm                                                                                                                                                                                                                                                                       |           | Accountant's Name |                 |  |



|                                      |               |               |  |
|--------------------------------------|---------------|---------------|--|
| Phone                                |               | Fax           |  |
| Address                              |               |               |  |
| Who will do the monthly bookkeeping? |               |               |  |
| <b>Commercial Insurance Coverage</b> |               |               |  |
| Commercial Insurance Broker          | Policy Number |               |  |
| Phone                                | Fax           |               |  |
| Address                              | Contact Name  |               |  |
| <b>Vehicle Insurance coverage</b>    |               |               |  |
| Vehicle Insurance Broker             |               | Policy Number |  |
| Phone                                |               | Fax           |  |
| Address                              |               | Contact Name  |  |
| <b>Business References</b>           |               |               |  |
| Name                                 |               |               |  |
| Address                              |               | Phone         |  |
| Name                                 |               |               |  |
| Address                              |               | Phone         |  |

| Business Information                                                                                                                   |                              |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|
| Have all required Government Remittances (PST, GST, Employer Source Deductions) been paid in accordance with your remittance schedule? | Yes <input type="checkbox"/> | If there are remittances owing to the government, please complete the table below. |
|                                                                                                                                        | No <input type="checkbox"/>  |                                                                                    |
| Owing to                                                                                                                               | Amount\$                     | Details                                                                            |
|                                                                                                                                        |                              |                                                                                    |
| Does your business have any outstanding loans?                                                                                         |                              |                                                                                    |
| Loan – Amount Owing \$                                                                                                                 | Purpose of Loan              | Interest Rate                                                                      |
| Lender                                                                                                                                 | Address                      | Phone:<br>Fax:                                                                     |
| What security does the lender have for this loan?                                                                                      |                              |                                                                                    |
| Advance Date                                                                                                                           | Maturity Date                | Payment                                                                            |
| Loan # 2 – Amount Owing \$                                                                                                             | Purpose of Loan              | Interest Rate                                                                      |
| Lender                                                                                                                                 | Address                      | Phone:<br>Fax:                                                                     |



|                                                   |               |         |
|---------------------------------------------------|---------------|---------|
| What security does the lender have for this loan? |               |         |
| Advance Date                                      | Maturity Date | Payment |

That there has been no material adverse change in the financial position or operations of the Applicant since \_\_\_\_\_, **being the end of the last fiscal year** of the Applicant for which a balance sheet and a profit and loss statement have been furnished.

That there is no litigation in course or threatened, nor do any proceedings before any court, tribunal, governmental board of agency now in course or threatened, and that there is no unexecuted judgment rendered against the Applicant, except:

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*(Litigation/proceedings involving the Applicant and/or any close related individual or corporation should be reported.)*

**THE APPLICANT UNDERSTANDS AND AGREES:**

- (a) That the Applicant will be responsible for payment of all charges relative to preparation, execution and registration of such documents as may be required by the Corporation or its solicitors;
- (b) That the terms and conditions of any financing which may be authorized will be set forth in a Letter of Offer, for agreement and acceptance by the Applicant;
- (c) That the statements made herein are for the express purpose of obtaining financing from the Corporation and are to the best of the Applicant's knowledge and belief true and correct. The Applicant understands that additional information in support of this application must be supplied to the Corporation, if requested, before adequate consideration can be given to this application. The Applicant realizes that any present or future indebtedness of the Applicant, or the Applicant's business, to the Corporation may become due and payable if any information provided by the Applicant to the Corporation proves to be inaccurate or incomplete;
- (d) That in applying for this financing and, in the event that the Corporation approves such application, the Applicant's personal and confidential business information will be requested from the Applicant and/or collected from third parties that have information about the Applicant's business and personal financial status for the purposes of determining the Applicant's eligibility for financing and reporting to Federal Economic Development Agency for Southern Ontario.
- (e) A onetime administration fee of \$300.00 will be applied to all loans upon approval.

**DISCLOSURE, RELEASE AND WAIVER OF LIABILITY**

- (a) The Applicant acknowledges that he or she approached the Corporation to obtain information about business and has, or is preparing a business plan.
- (b) The Applicant acknowledges that he or she is solely responsible for the success or failure of his/her business, and that any information which is provided to the Applicant by representatives of the Corporation is for the Applicant's understanding only. It is the Applicant's responsibility to verify the accuracy of such information or to seek additional information concerning any aspects of the Applicant's proposed business.
- (c) The Applicant further agrees to hold the Corporation harmless and hereby releases and discharges the Corporation from any actions, damages, claims or demands which may arise, directly

(b) The Applicant acknowledges that he or she is solely responsible for the success or failure of his/her business, and that any information which is provided to the Applicant by representatives of the Corporation is for the Applicant's understanding only. It is the Applicant's responsibility to verify the accuracy of such information or to seek additional information concerning any aspects of the Applicant's proposed business.

(c) The Applicant further agrees to hold the Corporation harmless and hereby releases and discharges the Corporation from any actions, damages, claims or demands which may arise, directly or indirectly, as a result of any act or omission by the Corporation in providing information to the Applicant, and to indemnify the Corporation from any such actions, damages, claims or demands which might be suffered by the Applicant's business or any guarantor in connection with any such information.

**7. COLLECTION, USE, AND DISCLOSURE OF PERSONAL AND BUSINESS INFORMATION**

(a) The Applicant acknowledges that, as the operation of the Corporation is financially supported by the Government of Canada, representatives of the Federal Economic Development Agency for Southern Ontario are permitted access to the files of the Corporation for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of the Federal Economic Development Agency for Southern Ontario and that, such information as is acquired by the Agency will be treated as confidential.

(b) The Applicant acknowledges receipt of the Corporation's *Privacy Statement* and hereby consents to his or her personal and business information being collected, used, retained, and disclosed by the Corporation for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the Corporation and knows to refer to the Corporation's *Privacy Policy* or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.

(c) The Applicant further understands and consents to the Corporation publicizing the Applicant's business venture if the Applicant is successful in obtaining financing from the Corporation, which may or may not include personal information such as the name of the Applicant.

(d) This form may be executed and delivered by original signature or by a true image of the signed original delivered by fax or by electronic means. Nottawasaga Community Futures Development Corporation will be relying on and acting on the information, representations and statements contained in the imaged copy to the same extent as if it was bearing an original signature.

Would you like to be on our email list/database to keep updated with events, workshops and news?  Yes  No

DATED, at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_  
(Name of Applicant – Business Name)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
I/We have authority to bind the Corporation

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
I/We have authority to bind the Corporation