

## **INSTRUCTIONS FOR COMPLETING APPLICATION IN ORDER TO BE CONSIDERED FOR FINANCING**

1. Complete application in full ( 5 pages ).
2. Initial each page where indicated and sign **X** where indicated.
3. Include a resume with two non-family references (preferably business references).
4. Include a \$50.00 application fee made payable to *Community Futures Mount Waddington*.
5. Please forward completed application to:

Community Futures Mount Waddington  
Box 458, #14 – 311 Hemlock Street  
Port McNeill, BC. V0N 2R0  
Attention: Lawrie Garrett

Fax: 250.956.2221

If you have any questions please contact Lawrie Garrett Business Analyst  
at 250.956.2220 or via email [lawrie@cfmw.ca](mailto:lawrie@cfmw.ca)



#14 – 311 Hemlock St. (Box 458)  
Port McNeill, BC V0N2R0

T 250 956 2220  
F 250 956 2221

E info@cfmw.ca  
W www.cfmw.ca

\$50 Application Fee Attached

## Application for Financing

For CFMW Use Only

Date Received \_\_\_\_\_

Application # \_\_\_\_\_

### Business Information

#### Full Legal Name

This business is a  Start-up  Expansion  Purchase of existing business

Date this business started \_\_\_\_\_ Month of Fiscal Year End \_\_\_\_\_

#### Legal Structure

Proprietor  Partnership  Corporation  Cooperative

Comments: \_\_\_\_\_

#### Business Address

Home-based business

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Toll-Free \_\_\_\_\_

Cellular \_\_\_\_\_

Website \_\_\_\_\_

Canada Revenue Business No. \_\_\_\_\_

Incorporation Number (if applicable) \_\_\_\_\_

#### Principal Owners

List the name(s) and percentage of shares of all principal owner(s) of the business:

First Name	Last Name	Percentage of Shares	Telephone
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____

#### Business Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This business is/will be operating in the primary sector of (check one):

- |                                        |                                            |                                          |                                          |
|----------------------------------------|--------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Business Services | <input type="checkbox"/> Construction    | <input type="checkbox"/> Education       |
| <input type="checkbox"/> Fisheries     | <input type="checkbox"/> Forestry          | <input type="checkbox"/> Health Services | <input type="checkbox"/> Hospitality     |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining            | <input type="checkbox"/> Retail          | <input type="checkbox"/> Shellfish Aqua. |
| <input type="checkbox"/> Tourism       | <input type="checkbox"/> Transportation    |                                          |                                          |

## Loan Information

This business requires \$ \_\_\_\_\_ for its proposed project.

### Sources of funds:

Principal Owners \_\_\_\_\_  
 Vendor financing \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Community Futures MW \_\_\_\_\_

### Uses of funds:

Equipment \_\_\_\_\_  
 Working Capital \_\_\_\_\_  
 Inventory \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Have you applied elsewhere for funding?  No  Yes Details: \_\_\_\_\_

### Purpose of Loan

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Security Offered: Asset Details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Debts/Obligations Held by the Business

This should include leasing agreements, lines of credit.

Owing to:	Description	Payment	Balance	Security Held on Debt
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

This business currently has \_\_\_\_\_ full-time employees \_\_\_\_\_ part-time employees

This loan will create \_\_\_\_\_ full-time employees \_\_\_\_\_ part-time employees

<i>Lawyer</i>	Firm	Contact
<i>Accountant</i>	Firm	Contact
<i>Bank 1</i>	Bank Name	City
<i>Bank 2</i>	Bank Name	City

Has the business ever had an asset repossessed?  No  Yes \_\_\_\_\_

Is the business party to any claim or lawsuit?  No  Yes \_\_\_\_\_

## Personal Information

Last Name	First Name	Middle	Date of Birth MM / DD / YYYY	Social Insurance #
Email		Cellular	Home Telephone	Fax
Home Address				
Previous Address (If less than 3 years at current address)				

The following collection of information is voluntary and solely for the purpose of determining eligibility for various programs

First Nation \_\_\_\_\_  Youth (18-29)  Disability \_\_\_\_\_

### Employment (if applicable)

Current Employer & Phone #	Occupation	Salary	Length of Employment
Previous Employer & Phone #	Occupation	Salary	Length of Employment

### References

At least two should be about your business capability and not related to you.

Name	Company	Relationship	Contact Info

Marital Status \_\_\_\_\_

Spouse Information				
Last Name	First Name	Middle	Date of Birth MM / DD / YYYY	Social Insurance #
Occupation	Employer		Salary	How Long?

Is the principal/spouse/partner a Director, committee member or related to any Director, committee member or

Employee of Community Futures Mount Waddington?  No  Yes \_\_\_\_\_

Has the principal/spouse/partner had an asset repossessed?  No  Yes \_\_\_\_\_

Has the principal/spouse/partner ever declared bankruptcy?  No  Yes \_\_\_\_\_

Is the principal/spouse/partner party to a claim or lawsuit?  No  Yes \_\_\_\_\_

Does the principal/spouse/partner owe any arrears taxes?  No  Yes \_\_\_\_\_

Does the principal carry life insurance?  No  Yes \_\_\_\_\_

Does the principal carry disability insurance?  No  Yes \_\_\_\_\_

Are you providing support for obligations such as Cosigner, endorser, guarantor?  No  Yes \_\_\_\_\_



## Required Documents

- Incorporation Certificate - if applicable
- Environmental Risk Assessment
- Business Plan
- Projected Cash Flow Sheet, include details of assumptions

### Existing Businesses -

- Financial Statements
- Provide proof of good standing for:
  CRA Income Tax
 CRA Payroll
 CRA Sales Tax
- WCB
- Does the business owe any other statutory creditors?
  Yes
\_\_\_\_\_
 No

### Principals

- Resume for all principals
- Photocopy of your Identification (Driver's License or BCEID)
- Personal Information sheet for each principal

## Disclosure and Release Statement

The statements made in this application are for the express purpose of obtaining financing from Community Futures Mount Waddington and are to the best of my/our knowledge true and correct.

The applicant(s) understand that additional information may be required in support of this application and must be supplied before adequate consideration can be given to this application.

The applicant(s) consent to Community Futures Mount Waddington making any inquiries of such persons, firms or corporations as it deems necessary in order to reach a decision of this application.

The applicant(s) agree to reimburse Community Futures Mount Waddington any legal costs incurred in the registration of documents for loan security. Should the applicant withdraw this request for funds after legal documents have been registered and cost incurred, the applicant(s) shall be responsible for these costs.

The applicant(s) understand that Community Futures Mount Waddington is not acting exclusively for me or my venture, and that it reserves the right to provide financial and non-financial assistance to individuals or corporations which could be seen as my direct or indirect competition without further notice to me, as it may decide in its unfettered discretion.

Under the *Privacy Act* and *Oath of Confidentiality* signed by all CFMW Directors, Committee Members and Employees, information collected and discussed will not be disclosed to any other party other than those required for the purpose of assisting and evaluating your business. By signing below, you understand our confidentiality policy and you consent to allow us to proceed on your behalf.

I/We, the undersigned, consent to CFMW making any inquiries it deems necessary to reach a decision on this application, including but not confined to, reports from credit bureaus, retail credit companies and other sources deemed necessary and consent to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/We have financial relations.

I, the undersigned, declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge complete and correct.

Signature of Applicant	Name of Applicant	Date	SIN	Date of Birth
<b>X</b>				