



TOWN OF OAKLAND  
 15 S. THIRD STREET  
 OAKLAND, MD 21550

## ECONOMIC INCENTIVE/LOAN APPLICATION

### I. GENERAL INFORMATION

#### A. Applicant Information

BUSINESS NAME	
BUSINESS ADDRESS	
CITY, STATE, ZIP	
FEIN NUMBER	
CONTACT PERSON	
PHONE	
EMAIL	

APPLICANT NAME	
HOME ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
CELL PHONE	

#### B. Business Organization

CORPORATION	<input type="checkbox"/>	STATE AND YEAR OF INCORPORATION	
LLC	<input type="checkbox"/>	YEAR ORGANIZED	
PROPRIETORSHIP	<input type="checkbox"/>	NUMBER OF YEARS IN BUSINESS	

**C. CURRENT PHYSICAL FACILITIES**

**IF LEASED**

**IF OWNED**

ANNUAL RENT		ANNUAL MORTGAGE	
LEASED FROM		BUILDING SIZE	
CONTACT NAME		LOT SIZE (IN ACRES)	
CONTACT PHONE		APPRAISED VALUE	

**II. FINANCIAL INFORMATION**

**A. Is this business or any of the management personnel a party to any claim or lawsuit? *If yes, please explain on a separate sheet.***

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**B. Has the business or any of the management personnel/owners ever declared bankruptcy? *If yes, please explain on a separate sheet***

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**C. Does the business or any of the management personnel/owners owe any taxes for prior or current years? *If yes, please explain on a separate sheet***

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**D. Has the business or any of the management personnel/owners filed taxes for prior and current years? *If no, please explain on a separate sheet***

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**III. EMPLOYMENT INFORMATION**

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

**A. How many permanent, full-time/part-time employees does your business have at present?**

<b>FULL TIME</b>	<b>PART TIME</b>

**B. How many permanent, full-time/part-time jobs will be created by the proposed project at the time that all financing is in place (or within 36 months)?**

FULL TIME	PART TIME

**C. How many existing jobs will be retained? This pertains only to a situation where the applicant’s business would otherwise be forced to relocate, or shut down, without assistance from the Town of Oakland?**

# JOBS BEING RETAINED
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**D. TOTAL PROJECT FINANCING INFORMATION**  
**1. Sources of Funds**

Detailed Sources of Funds

	AMOUNT
Owner Funds Contributed	\$
Amount from Investor(s)	\$
Any Loans Obtained for this Project	\$
Amount Requested as Part of Incentive	\$

**IV. ASSISTANCE SOUGHT: (Check one)**  INCENTIVE  LOAN FUND

**A. How much assistance are you seeking from the Town of Oakland? \$** \_\_\_\_\_

**B. Please explain in detail, what the funds would be used for. (What would the funds go towards? Attach any supporting documents, quotes or designs)**

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