

SONORA ECONOMIC DEVELOPMENT CORPORATION

P.O. Box 555
SONORA, TEXAS 76950

Robin Street
Office Manager

PHONE: 325-387-6280
FAX: 325-387-6261

SEDC ASSISTANCE REQUEST

1. NAME OF PERSON OR ORGANIZATION:

2. ARE YOU A CORPORATION, DBA, SOLE PROPRIETOR, LLC, TC, ETC:

3. SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER:

4. PROVIDE DESCRIPTION OF BUSINESS PRODUCT OR SERVICE YOU PRODUCE OR PROVIDE:

5. TYPE OF ASSISTANCE REQUESTED – FINANCIAL OR OTHER:

A. IF "OTHER" PLEASE DESCRIBE: _____

B. IF "FINANCIAL" PLEASE STATE THE AMOUNT AND THE INTENDED USE:

6. IS THIS A NEW OR EXPANDING BUSINESS:

**7. IF AN EXPANDING BUSINESS, WILL EXPANSION CREATE NEW JOBS? Y OR N
IF YES, PLEASE DESCRIBE:**

FOR EXISTING BUSINESSES, STATE NUMBER OF EMPLOYEES:

PART TIME: _____ FULL TIME: _____

PRIMARY (MANUFACTURING) OR SECONDARY (RETAIL) POSITIONS:

9. AMOUNT OF FUNDING, IF REQUESTED:

10. PREVIOUS BANK LOANS APPLIED FOR:

**11. HAVE YOU PREVIOUSLY PRESENTED THIS REQUEST TO A FINANCIAL
INSTITUTION: Y OR N**

12. PURPOSE OF FUNDING:

**13. DESCRIBE THE PROJECT IN BASIC DETAILS AND DEGREE OF COMMUNITY
IMPACT:**

14. DO YOU HAVE A BUSINESS PLAN? Y OR N IF YES, PLEASE ATTACH IT TO THIS FORM

15. IF YOU DO NOT HAVE A BUSINESS PLAN, WOULD YOU BE WILLING TO DRAFT ONE?

Y OR N

16. DO YOU NEED ASSISTANCE FROM THE SEDC OFFICE PREPARING A PLAN?

Y OR N

17. CAN YOU PROVIDE THE SEDC WITH A CURRENT PROFIT AND LOSS STATEMENT FOR THE BUSINESS?

Y OR N

I CERTIFY THAT EVERYTHING I HAVE STATED IN THIS APPLICATION AND ON ANY ATTACHMENTS IS CORRECT. BY SIGNING BELOW I AUTHORIZE THE SEDC TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS OTHERS MAY ASK YOU ABOUT MY CREDIT RECORD WITH YOU. I UNDERSTAND THAT I MUST UPDATE CREDIT INFORMATION AT YOUR REQUEST IF MY FINANCIAL CONDITION CHANGES.

APPLICANTS SIGNATURE

DATE