SONORA ECONOMIC DEVELOPMENT CORPORATION

307 EAST OAK STREET, SONORA, TEXAS 76950 PHONE: 325-387-6280 FAX: 325-387-6261

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APPLICATION FOR BUSINESS GRANT

| 1, | Name of person or organization applying for Grant |
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| 2. | Are you a Sole Proprietor, Corporation, LLC, Partnership, etc.? |
| 3. | If not a Corporation do you have a filed DBA in Sutton County; if so what is it? |
| 4. | Describe the business product or service you do or will produce or provide: |
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| 5. | Type of assistance requested: Financial Other. |
| | A. If "Other" describe: |
| | B. If "Financial" state the amount and the intended use of the funds: |

| 6. | Is this a NEW or an EXPANDING Business? |
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| | Will this business create new jobs? Yes No. If "Yes" explain how many ne, part time and what the principal activity of each new employee will be. |
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| 8. | Does this business or will this business have outstanding business debt? Yes No. If "Yes", describe the amount, lender and terms: |
| 9. | Have you previously presented THIS request to a financial institution?YesNo. |
| 10. | Describe the business or project in basic details and explain the degree of community impact you believe it will have (use additional sheets if necessary): |

| 11. | Have you prepared a business plan for the business? Yes No. If so, please attach it. NOTE: SEDC requires a 3 year business plan for new businesses and substantial expansions. If you need assistance with a business plan, please let our Office Manager know and you can be put in touch with an agency that will assist you without charge. |
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| 12. | If you are an existing business plan, please attach a current profit and loss statement for the last fiscal or calendar year. |
| | I certify that everything I have stated in this application and on any attachment is true and correct. By signing below, I authorize SEDC to check my credit and employment history. I understand that I must advise you of any material change in my credit history while this application is pending or a part of any Grant funding has not occurred. |
| | Applicant's Signature:Date |