

### **SMALL BUSINESS LOAN APPLICATION**

Yuba-Sutter Economic Development Corporation offers a business assistance loan fund program for businesses starting or expanding in the Yuba-Sutter area. The program is designed to fill the financing gap between private debt financing and private equity. Funds are provided to create economic benefit in the Yuba-Sutter region through increased revenues and the creation and/or retention of jobs.

The information you provide must be truthful and accurate to the best of your knowledge. Failure to provide truthful and accurate information or the making of any material misrepresentation may constitute a fraud and will result in the immediate termination of the application process.

The application and all required attachments, along with a \$250 non-refundable application fee, should be completed and returned to Yuba-Sutter Economic Development Corporation at the address below. <a href="INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED">INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED</a>. For additional information contact Yuba-Sutter Economic Development Corporation at (530) 751-8555 or 950 Tharp Road, Ste. 1303, Yuba City, CA 95993 or visit our website at www.ysedc.org.

YUBA-SUTTER ECONOMIC DEVELOPMENT CORPORATION

950 Tharp Road, Suite 1303, Yuba City, CA 95993 (530) 751-8555 ■ www.ysedc.org

## Who can apply?

Eligible applicants are private, for-profit businesses including, but not limited to, corporations, partnerships, sole proprietors, and certain cooperatives organized for the conduct of business.

#### What can the funds be used for?

Funds can be used to purchase land and buildings, machinery and equipment, an existing business, working capital for purchase of inventory, supplies, payment of wages, marketing and advertising or start-up costs.

### What are the job creation requirements?

Generally speaking, YSEDC wants each business loan participant to create one full-time job or two part-time jobs for every \$35,000 borrowed. The loan participant could have up to the full loan term to create the jobs.

### What are the equity requirements?

Minimum owner equity in the project must be ten percent for existing businesses and at least 20 percent for start up businesses.

### Are personal guarantees required?

Personal guarantees may be required from individuals with more than a 20 percent ownership interest.

### What types of collateral are required?

Various types of collateral can be accepted. This may include Deeds of Trust on land and buildings, Liens on machinery, equipment and fixtures, Lease assignments and Vehicles. In general, an applicant will be required to pledge at least \$1.00 in collateral for each \$1.00 borrowed.

#### Are there any fees involved?

Applicants will be required to pay a \$250 non-refundable application fee. Applicants will also be required to pay loan fees of approximately 200 basis points (two percent of the loan amount), plus any related costs including, but not limited to, attorneys fees, appraisals, credit reports, recording fees, title insurance premiums and environmental review/mitigation costs. Loan fees can be included in the finance package.

### What are the interest rates?

Interest rates may be influenced by specific project need, strength of the application and collateral position but are always fixed. Our current interest rate ranges between 8-10%.

#### What is the loan term?

Determined by project and financial need, the term of other project lenders, the economic life of assets being financed or a combination of these factors.

# How long must I wait before receiving my loan?

Applications are generally approved or declined within 30 days of receipt of a <u>complete</u> application package. Approved applications can generally be funded within 90 days of receipt of a <u>complete</u> application package.

### What are the minimum and maximum loan amounts?

The minimum loan amount is typically \$25,000 and the maximum loan amount is typically \$150,000.

oan Applic	cation Checklist
Applicant's	Name:
n an attem	npt to expedite the loan process, the following is a list of items required to evaluate your loan request:
<u>Enclosed</u>	
	Completed Loan Application (must have DUNS #)
	Non-Refundable loan application fee of \$250. Please make check payable to: YSEDC
	Personal Financial Statements from all 20% or more owners and all guarantors. Include supporting documents to substantiate your numbers. (exbank statements, life insurance policy, retirement account statements, etc.)
	3 years Personal Tax Returns including all schedules for all 20% or more owners and all guarantors
	Personal Resumes for all 20% or more owners and all guarantors
	3 years Business Tax Returns including all schedules
	3 years Business Income Statements and Balance Sheets including interim Income Statement and Balance Sheet
	3 years Business Financial Projections with narrative to support the borrower's estimates. Include Income Statements, Cash Flow Statements and Balance Sheets. Submit in Microsoft Excel format.
	Business Debt Schedule
	Business Accounts Receivable & Accounts Payable Aging Reports
	Business Plan
	Copy of Business License, Fictitious Business Name Statement, professional licenses and/or permits as required
	Lease and/or Purchase Agreement for the project site. Include escrow instructions for real estate being purchased.
	If purchasing equipment/machinery with loan proceeds, at least two 3 <sup>rd</sup> party cost estimates
	Appraisals (if applicable, for Real Estate, Titled, Business Equipment/Inventory and Possessory property)
	For Corporations, please include: Articles of Incorporation Corporate Bylaws Corporate Borrowing Resolution
	For Limited Liability Companies, please include: Articles of Organization Certificate of Registration
	For Partnerships. please include: Partnership Agreement and Authorization to Borrow
	For a Franchise, please include: Copy of Franchise Agreement FTC Disclosure Statement
	Completed form no: USDA 1940-20 "Request for Environmental Information" (form enclosed)
	Signed Application Certification and Credit Authorization (form enclosed)
	Signed Authorization for Release of Information (form enclosed)
	Signed Fax/Email Consent Form (form enclosed)
	One hour consultation with the Small Business Development Center

Applicant Information							
Company Name/DBA							
Street Address		City				State	Zip Code
Phone Fax		Email			Website	•	•
Date Company was Started:	Tax I	D #:			DUNS #:		
Type of Organization:				I			
Sole Proprietorship Partnersh	in	$\Box$ c	orporation LLC	- Г	Other (de	scribe).	
Business Status:	<u> </u>		<u> </u>		J other (de	30113071	
Purchase of Existing Business	vnar	sion of F	Existing Business	New B	usiness (St	art-un)	
Number of Current Employees:	-xpai	131011 01 1	LAISTING DUSINESS L		43111033 (31)	л с чрј	
   #Part Time: #Full Time: P	rojec	tad Num	nber of Employees Afte	r Einanci	oa.		
Type of Business:	TOJEC	teu ivuii	iber of Employees Arte	.i i illialici	115.		
Service Retail Wholesale		Manufa	cturing	ion [	Other (des	cribo):	
Has the company ever relocated?	ш	iviaiiuia		1011	Other (des	scribe).	
Yes No If yes, why?  Have you or any officers of the company ever been involved in ba	nkrunto	v or insolven	cy proceedings?				
				I.			
Is the Business Applicant liable as a guarantor, co-maker or endor			ge explaining the detai		nancial statemen	+2	
					nanciai statemen	t.r	
			ility and date of occurr		and the second the selection of		
Is any Principal, Guarantor or Co-applicant liable as guarantor, co-				-	ot listed in their t	inanciai statement	ſ
	ontin	gent liab	ility and date of occurr	ence			
Owners/Principals							
Name	Title			Ownership	% Social Sec	urity#	
Street Address		City				State	Zip Code
Name	Title			Ownership	% Social Sec	urity #	•
Street Address		City				State	Zip Code
Name	Title			Ownership	% Social Sec	L urity#	
Street Address		City				State	Zip Code
Name	Title			Ownership	% Social Sec	urity#	
	116.6			o wiici simp	75 300101 300		
Street Address		City				State	Zip Code
Street Address		City				State	zip Code
Affiliated Companies							
List below all business concerns in which the	he ap	plicant o	company or any of the	individua	Is listed abo	ove have 20	percent ownership
or controlling interest.			T				T
Company Name			Owned By				Ownership %
		1				T .	
Street Address		City				State	Zip Code
		· · · · · · · · · · · · · · · · · · ·					
Company Name			Owned By				Ownership %
Street Address		City				State	Zip Code

Project Information									,	
Briefly describe your proj	ect:									
1 1: 1 11 66:		<b>.</b>					DI 1			*1.1
Indicate all sources of fine Sources and Uses of						tom.			cific as	
Funds	l l	*Owner njection		EDC Request	Bank			Other		TOTALS
Real Property		пјесноп	Loan F	request						
Acquisition										
Business Acquisition										
business Acquisition										
Machinery/ Equipment										
Acquisition										
Inventory										
Working Capital										
D 1 1 D C										
Debt Refinance										
Leasehold										
Improvements										
Loan Fees/Costs										
200111 2007 00010										
Other (Explain)										
TOTALS	\$		\$		\$		\$			\$
*4.00/ ! ! !					200/ f					
*10% minimum owner in	jection	required for	existing b	usiness, 2	20% for start-up t	ousin	esses.			
Participating Lenders Financial Institution		Loa	ın Officer			1	Telephone			
- manda matata			0111001				relephone			
Collateral Offered for Lo	an									
Type	all	Estimated Va	alue		Description			Owne	r	
.,,,,,					2000pt.o				-	
Contact List				Control				Discourse		
Primary Bank				Contact				Phone		
Chanak Addunan			C:t-					Chaha	7:- C-d-	
Street Address			City					State	Zip Code	
Accountant				Contact				Dharr		
Accountant				Contact				Phone		
Street Address			City	<u> </u>				State	Zip Code	
25.25.166.255			3,					June	2.5 code	
İ			1					1	İ	

Attorney/Law Firm			Con	tact		Phone			
Street Address		City	I.			State	Zip Co	ode	
Insurance Company			Con	tact		Phone			
Street Address		City				State	Zip Co	ode	
Financing/Trade References									
Business Name	Contact			Phone	City/State			Account #	
1									
2									
3									

### **Application Certification and Credit Authorization**

I/we certify that all information in this application and all information provided in support of this application is true and complete to the best of my/our knowledge and belief.

I/we authorize Yuba-Sutter Economic Development Corporation (YSEDC) to obtain business and consumer credit reports and conduct any other inquiries deemed necessary to determine the creditworthiness of the applicant business.

I/we certify that no owner or officer of my/our company is currently an employee or director of the YSEDC, HUD, HCD, or USDA and that YSEDC has no ownership interest in my/our company.

I/we certify that as consideration for any management and technical assistance that may be provided, to waive all claims against the YSEDC, its officers, directors and/or members.

Each person signing below certifies that he/she is signing on behalf of the applicant business in the capacity indicated next to the signer's name and such signer is authorized to execute this application on behalf of the applicant business.

Authorized Signer	Print Name & Position Title	Date
· ·		
A distribution of Circum	Distance C Desire Title	Date
Authorized Signer	Print Name & Position Title	Date
Authorized Signer	Print Name & Position Title	Date
Authorized Signer	Print Name & Position Title	Date
Authorized Signer	THIL Name & Coston title	Date

### **Authorization for Release of Information**

### To Whom It May Concern:

In connection with a loan application that I/we have made through Yuba-Sutter Economic Development Corporation (YSEDC), I/we hereby authorize you to release any information requested by YSEDC. Such information may include, but may not necessarily be limited to, employment and income verification, credit histories and balances, loan/obligation payment histories and balances, and account deposit histories and balances.

A photographic copy of this authorization may be deemed to be the equivalent of the original document and may be substituted as a duplicate original. Your prompt reply will help to expedite my loan transaction. Thank You.

Signature	Print Name	Social Security Number	Date
· ·		,	
Classification	D. C. I. N	Control Constitution Inc.	D-1-
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Time Name	Social Security Number	Date

This form should be completed by each owner, partner, or stockholder with 20 percent or more ownership in applicant company and any person or entity providing a guaranty of the loan.  First hance
Addiden Name
Social Security Number   Date of Birth   Place of Birth   U.S. Crizer?
Residence Phone    Business Phone   Cellular Phone
Current Residence Street Address   City   State   Zip   How Long?  Previous Residence Street Address   City   State   Zip   How Long?  Marrital Status:   Single
Current Residence Street Address   City   State   Zip   How Long?  Previous Residence Street Address   City   State   Zip   How Long?  Marrital Status:   Single
Previous Residence Street Address   City   State   Zap   How Long?    Marital Status:   Single   Married   Separated   Divorced   Other    Have you any dependents?   Yes   No    Employment History   To   Job Title    Dutles   Dutles   Dutles   Dutles    2) Company Name/Location   From   To   Job Title    Dutles   Dutles   Dutles   Dutles    Education   College or Technical Training)   Institution Name and Location   Dates   Attended-From / To   Degree or Certificate    Military Service Background   From   To   Major Assignment/Accomplishment    Military Service Background   Major Assignment/Accomplishment   Major Assignment/Accomplishment    Neterant   Yes   No
Previous Residence Street Address   City   State   Zap   How Long?    Marital Status:   Single   Married   Separated   Divorced   Other    Have you any dependents?   Yes   No    Employment History   To   Job Title    Dutles   Dutles   Dutles   Dutles    2) Company Name/Location   From   To   Job Title    Dutles   Dutles   Dutles   Dutles    Education   College or Technical Training)   Institution Name and Location   Dates   Attended-From / To   Degree or Certificate    Military Service Background   From   To   Major Assignment/Accomplishment    Military Service Background   Major Assignment/Accomplishment   Major Assignment/Accomplishment    Neterant   Yes   No
Marital Status:   Single   Married   Separated   Divorced   Other
Have you any dependents?
Have you any dependents?
Employment History 1) Company Name/Location   From   To   Job Title
To   Job Title
Duties  2) Company Name/Location From To Job Title  Duties  3) Company Name/Location From To Job Title  Duties  Education (College or Technical Training)  Institution Name and Location Dates Attended-From / To Certificate  From / To Degree or Certificate  Major Degree or Certificate  Major Certificate  Major Degree or Certificate  From / To Honorable Discharge?    Yes   No
2) Company Name/Location From To Job Title  3) Company Name/Location From To Job Title  3) Company Name/Location From To Job Title  Education (College or Technical Training)  Institution Name and Location Dates Attended-From / To Degree or Certificate  Major Degree or Certificate  Military Service Background  From To Honorable Discharge?  Major Assignment/Accomplishment  Veteran? Ves No
Duties    From
Duties    From
3) Company Name/Location From To Job Title  Duties  Education (College or Technical Training) Institution Name and Location Dates Attended-From / To Certificate  From / To Degree or Certificate  Major Certificate  Military Service Background  Branch From To To Honorable Discharge?  No  Rank at Discharge No
Duties  Education (College or Technical Training)  Institution Name and Location  Attended- From / To  Military Service Background  Branch  From  Major Degree or Certificate  From / To  Honorable Discharge?  Yes No  Major Assignment/Accomplishment
Education (College or Technical Training)  Institution Name and Location Attended- From / To  Military Service Background  Branch From To Honorable Discharge? Yes No
(College or Technical Training)  Institution Name and Location  Dates Attended- From / To  Major Certificate  Major Certificate  Major Certificate  Major Certificate  From / To  Military Service Background  Branch From To Honorable Discharge? Yes No  Major Assignment/Accomplishment
Institution Name and Location  Dates Attended- From / To  Military Service Background  Branch From To Honorable Discharge?  Yes No  Major Assignment/Accomplishment  Veteran? Yes No
Attended-From / To Certificate  Military Service Background  Branch From To Honorable Discharge?  Wajor Assignment/Accomplishment  Veteran? Yes No
From / To
Military Service Background  Branch From To Honorable Discharge?  Quadratic Prom To Honorable Discharge?  Quadratic Prom To Yes No  Rank at Discharge Major Assignment/Accomplishment
Branch From To Honorable Discharge?    Yes   No
Branch From To Honorable Discharge?    Yes   No
Branch From To Honorable Discharge?    Yes   No
Branch From To Honorable Discharge?    Yes   No
Rank at Discharge Major Assignment/Accomplishment  Veteran? Yes No
Rank at Discharge Major Assignment/Accomplishment  Veteran? Yes No
Demographic Data
The following information requested below is voluntary and for statistical purposes only. It will not impact the credit decision by
the YSEDC.
Gender: Male Female Female Female Head of Household: Yes No
Tentale Treat of Household Tes
Race: American Indian/Alaska Native Asian Black or African American

Personal Financial Statem	ent											
This form should be compl	eted by ea	ich ow	ner, p	artner, o	r stockł	nolde	r wit	h 20 percent	t or more	own	ership in applica	ant company
and any person or entity p	roviding a	guara	nty of	the loan.								•
			Α	s of								
Name				Business Ph	hone				Reside	nce Pho	one	
Name				Dusinessiii					reside	1100 1 110	Sinc.	
Residence Address						City,	State	, & Zip Code				
								•				
Business Name of Applicant/Borre	ower											
.,												
Are you requesting this financial a	accommodat	ion:	Sepa	arately	Jointl	y with	your	spouse				
	ASSETS								LIA	BILITI	ES	
Cash on Hand & in Banks		\$				Acco	unts F	Payable			\$	
Savings Accounts							,	able to Banks ar be in Section 2)	nd Others			
IRA or Other Retirement Account						Insta	llmen	t Account (Auto	o)			
Life Insurance-Cash Surrender Va	lue Only							t Account (Othe	<del></del> er)			
(Complete Section 8)								yments				
Stocks and Bonds (Describe in Section 3)						Loan	on Li	fe Insurance				
Real Estate						Mort	gages	on Real Estate				
(Describe in Section 4)								pe in Section 4)				
Automobile-Present Value						Unpa (D		xes be in Section 6)				
Other Personal Property								ilities				
(Describe in Section 5)								pe in Section 7)				
Other Assets (Describe in Section 5)						Total	Liabi	iities				
(Describe in Section 3)						Net V	Vorth	1				
	Total	\$							Т	otal	\$	
Castian 1 Course of Income			Ι Δ	al Funandit					Continge	ماد: ۱ ده	ilitiaa	
Section 1. Source of Income Salary				al Expendit erty Taxes/A		atc					Co-Maker	<u> </u>
						11.5						
Net Investment Income				ne & Other							udgments	
Real Estate Income			Mortg Intere	gage Payme est	ents &				As Guara	ntor		
Interest Income			Other	Contract P	ayments				Provision	for Fed	deral Income Tax	
Other Income (describe below)*			Insura	ance					Other Spe	ecial De	ebt	
			Living	Expenses					☐ Check	k here i	f None	
Total Income	\$			Total	Expendit	ures	\$		To	tal Con	tingent Liabilities	\$
Description of Other Income in Se	ection 1.											
*Alimony or child support payments need no	ot be disclosed in	"Other In	ncome" unl	less it is desired	d to have suc	h payme	nts cou	inted toward total in	come.			
Section 2. Notes Payable to Bank	s and Other	<b>s</b> (Use a	attachm	ents if nece	ssary. Ea	ch atta	chme	nt must be ider	ntified as a	part of	this statement and	signed.)
Name & Address of Noteholder (s	5)	Orig		Current	Paymer			Frequency			cured or Endorsed T	ype of
		Bala	nce	Balance	Amoun	τ		(monthly, etc.	.) C	Collater	aı	
					I							

	•			ust be identified as a part of		
Number of Shares	Name of S	Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Silares				Quotation/ Exchange	Quotation/Exchange	
0 11 0 0 15 15				5 1 11 1		<u></u>
signed.)	ite Owned (List each	n parcel separately.	Use attachment if neo	cessary. Each attachment m	ust be identified as a part of	of this statement &
		Prop	erty A	Property B		Property C
Type of Property						
Legal Owner						
Property Address						
Date Purchased						
Original Cost						
Present Market Valu	ue					
Name & Address of	Mortgage Holder					
Mortgage Account I	Number					
Present Mortgage B	Balance					
Amount of Payment	t per Month/Year					
Status of Mortgage						
1 <sup>st</sup> or 2 <sup>nd</sup> lien						
			cribe, and if any is ple	dged as security, state name	e and address of lien holde	r, amount of lien, terms
of payment and if d	elinquent, describe	delinquency.)				
Section 6. Unpaid T	Taxes (Describe in de	tail, as to type, to w	hom payable, when c	lue, amount, and to what pr	roperty, if any, a tax lien at	caches.)
Section 7. Other Lia	abilities (Describe in	detail.)				
	Temeso (Besselles III	actum,				
Section 8. Life Insur	rance Held. (Give fac	re amount and cash	surrender value of no	licies-name of insurance co	mpany and beneficiaries)	
.,	VSEDS					1. 1
				y the accuracy of the		
				tained in the attachmebtaining a loan or gu		
				ecution by the U.S. Att		we anderstand Triese
· · · · · · · · · · · · · · · · · · ·	,			. ,	,	
Signature		Name (Print)		Title	Da	te
Signature		Name (Print)		Title	Da	te

History of Business	
When and how was the business established?	
Types of products and services	
West of the second of the seco	
Customer profile	
List key customers	List major competitors
Major suppliers	Geographical sales area
Major past accomplishment	Future plans for growth/expansion
How do you market your product or service?	
How will this loan benefit your company?	
, , , , , , , , , , , , , , , , , , ,	
Will the funding of the loan create new employment opportuniti	es?
☐Yes ☐No	
If yes, state how and what positions will be created:	

BUSINESS DEBT SCHEDULE		
Company Name	Signature	Date*
	X	

Indebtedness: Furnish the following information on all installment debts, contract, notes, and mortgages payable. Indicate by an asterisk (\*) items to be paid by loan proceeds. Do not include accounts payable or accrued liabilities.

Creditor Name/Address	Original Date	Original Balance	Current Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral / Security	Current or Delinquent

MONTHLY PROJECTED INCOME STATEMENT													
Company Name			Signature					Date					
			x										
Projections must be completed in Excel format and available				ble electronically. Please copy worksheet for additional yea				tional years	ars.				
Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Gross Sales or Receipts													
Less: Cost of Goods Sold													
Gross Profit													
Expenses													
Rent – Property													
Rent – Equipment													
Insurance													
Utilities													
Advertising													
Supplies													
Taxes & Licenses													
Repairs & Maintenance													
Accounting & Legal													
Travel & Auto													
Salaries-paid to others													
Salaries-paid to officers													
Depreciation													
Interest Expense													
Other:													
Other:													
Other:													
Total Expenses													
Net Profit (Subtotal)													
Less: Debt Service													
Less: Owner Draw													
Net Profit													

ASSUMPTIONS TO PROJECTIONS  Company Name
Please use this page to explain the assumptions used to generate the projection figures. Be sure to include the specific reason as to why the figures differ significantly from previous years for Revenues, COGS, Expenses and Withdrawals. For start-up businesses, compare your assumptions for these categories based on industry averages and/or comparables.
Explanations:
·

AGING OF ACCOUNTS RECEIVABLES AND PAYABLES  Company Name								
Company Name								
Please complete this form with information that matches the most current balance sheet being submitted as a part of this								
application.								
ACCOUNTS RECEIVABLE								
	RECEIVABLE AMOUNT	PERCENT OF TOTAL						
0 – 30 DAYS								
31 – 60 DAYS								
61 – 90 DAYS								
91 AND OVER								
TOTAL AMOUNT	\$	100%						
ACCOUNTS PAYABLE								
	PAYABLE AMOUNT	PERCENT OF TOTAL						
0 – 30 DAYS								
30 BA13								
31 – 60 DAYS								
61 – 90 DAYS								
91 AND OVER								
TOTAL AMOUNT	\$	100%						
As of Date								
Signed		Date						

FAX/E-mail CONSENT FORM	
	ommunications Commission (FCC) issued new rules for the federal Telephone Consumer Protection ederal Register on July 25, 2003, these new rules are scheduled to become effective on August 25,
the commercial availability of	written consent must be obtained prior to sending faxes that contain "any material advertising or quality of any property, goods, or services". This could include program/seminar/meeting orts and other information relative to YSEDC products and services.
T	ince with these stipulations, we are requesting that you complete and sign this form and return it on to 950 Tharp Road, Suite 1303, Yuba City, CA 95993.
Name	
Organization	
Street Address	
City/State/Zip	
Fax Number	
Phone Number	
E-mail	
	I g my fax number and e-mail address along with my signature, I consent that I, as well as staff may receive faxes and e-mail messages sent by or on behalf of YSEDC.

Signature

Title

Date

USDA FORM APPROVED										
FORM APPROVED FORM RD 1940-20 (Rev. 4-06)										
OMB No. 0575-0094										
REQUEST FOR ENVIRONMENTAL INFORMATION										
	Has a Federal, State or Local Environmental Impact Statement or Analysis been prepared for this project?									
	Yes No Copy attached as EXHIBIT I-A  If "No" provide the information requested in Instructions as EXHIBIT I.									
•	The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been									
— — — —	requested to submit comments to the appropriate Rural Development Office.									
	Yes No Date description submitted to SHPO									
<b>3.</b> Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site (s)? (Check appropriate box for every item of the following checklist).										
·	Yes	No	Unknown		Yes	No	Unknown			
1. Industrial				19. Dunes						
2. Commercial				20. Estuary		П				
2. commercial			Ш	Zo. Estad. y		Ш	Ш			
3. Residential				21. Wetlands						
4. Agricultural	П	П		22. Floodplain	П	П				
0										
5. Grazing				23. Wilderness						
				(designated or proposed under the Wilderness						
6. Mining, Quarrying	П	П		Act)						
		_								
7. Forests	Ш	Ш		24. Wild or Scenic River (proposed or designated under the Wild		Ш				
				and						
8. Recreational				Scenic Rivers Act)						
9. Transportation				25. Historical, Archeological Sites		П				
or manager taxion		ш		(Listed on the National Register of		ш	Ш			
10. Parks				Historic Places or which may be eligible for						
10. Parks		Ш		listing)						
44.11. 9.1				26.6		_				
11. Hospital	Ш	Ш		26. Critical Habitats (endangered/threatened species)	Ш	Ш				
12.Schools		П		27. Wildlife		П				
						ш				
13.Open spaces				28. Air Quality						
14. Aquifer Recharge Area	Ш	Ш		29. Solid Waste Management		Ш				
15 Stean Slanes				20 Enormy Supplies		$\overline{}$				
15. Steep Slopes		Ш		30. Energy Supplies		Ш	Ш			
16. Wildlife Refuge	П	П	П	31. Natural Landmark	П	П	П			
-		_		(Listed on National Registry of Natural		_	_			
17. Shoreline		Ш	Ш	Landmarks)						
18. Beaches				32. Coastal Barrier Resources						
Itam / Are any facilities under your	)Wnord	hin la	ace or cupor:	System	ent of t	hic pro	iact oither			
<b>Item 4.</b> Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?  Yes No										
	<u> </u>	<u>-</u>		5 ,			_ <del>_</del>			
			Signed:							
(Date)			(Applicant)							
			(Title)							
			•	[11115]						

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 0575-0094. The time required to complete this information collection is estimated to average 6 to 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.