



## CITY OF ROSEMEAD

## Application Checklist

8838 E. Valley Boulevard, Rosemead, CA 91770

Applicant Name: \_\_\_\_\_

Date Completed Application Received by City: \_\_\_\_\_

Note: Applicants name must be consistent throughout the loan package. Name must be exactly as filed on the Fictitious Trade Style or as filed on the Articles of Incorporation.

### Application package includes the following checked items:

- \_\_\_\_\_ City of Rosemead Business Loan Application Form
- \_\_\_\_\_ Internal Revenue Service Tax Return Verification Form
- \_\_\_\_\_ Listing of available collateral, including any to be purchased with loan proceeds
- \_\_\_\_\_ Month-to-month projections covering any interim period until year end plus one full fiscal year including the assumptions that the projections were based upon
- \_\_\_\_\_ Resume for each business owner/manager (see outline provided)
- \_\_\_\_\_ Current personal financial statement for each business owner
- \_\_\_\_\_ Business data and history

### Please also provide the following:

- \_\_\_\_\_ Complete Business Plan
- \_\_\_\_\_ Fictitious Business Name (filing and proof of publication)
- \_\_\_\_\_ Articles of Incorporation OR Partnership Agreement, Limited Liability Company Article of Organization
- \_\_\_\_\_ Fiscal year end business financial statements for prior three years (if available)
- \_\_\_\_\_ Interim business financial statement within 60 days of application date
- \_\_\_\_\_ Business federal tax returns for the prior three years to include all supporting schedules and statements (if available)
- \_\_\_\_\_ Copy of current/proposed lease on business premises including assessor's parcel number
- \_\_\_\_\_ Personal federal tax returns for the prior three years to include all supporting schedules and statements, for each business owner

Please contact the Planning Division at (626) 569-2140 for further information.



**CITY OF ROSEMEAD**  
**JOB CREATION AND BUSINESS INCENTIVE PROGRAM**  
**Application Form**

<b>BUSINESS DESCRIPTION</b>		
Business Name:		
Business Address:	City:	State:      Zip:
Nature of Business:		
Business License Number (if applicable):		
Does your business have any code violations pending with the City?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list violations:		
<hr/> <hr/>		
<b>APPLICANT INFORMATION</b>		
Applicant Type (check all that apply):		
<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner		
Name:		
Address:	City:	State:      Zip:
Business Phone Number:	Cell:	
Email:		
<b>COMPANY OWNERSHIP (LIST BELOW ALL OWNERS, PRINCIPALS AND OFFICERS)</b>		
Name:	Title:	% Ownership:
Name:	Title:	% Ownership:
Name:	Title:	% Ownership:
<b>PROPERTY OWNER INFORMATION (name as it appears on Deed/Title Documents)</b>		
Name:		
Address:	City:	State:      Zip:
Phone Number:	Email:	
<b>LEASE INFORMATION</b>		
Do you have a lease for the property your business now occupies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Rental: \$	Years Remaining on Lease:	Renewal Option <input type="checkbox"/> Yes <input type="checkbox"/> No

**PROPOSED FACADE IMPROVEMENTS**

Please check all that apply:

- Storefront restoration or renovation
- Professional cleaning or repairing of exterior surfaces
- Stucco re-facing
- Permanent signage
- Signage repair or replacement
- Exterior door and window repair or replacement
- Exterior painting of buildings visible from public right-of-way
- Exterior façade treatments (stucco, brick, paint removal, etc.)
- Exterior lighting to enhance the building appearance and/or safety
- Mechanical equipment screening visible from public right-of-way

Other: \_\_\_\_\_

The City may consider additional improvements not listed as "eligible improvements" that contribute to the overall character of the commercial corridor on a case-by-case basis.

My signature (on this application) certifies the above statements are true and complete. I authorize the City of Rosemead to verify or check any of the information given, including credit references and employment and to obtain credit reports (including my spouse's, if I live in a community property state). I authorize the City of Rosemead to provide credit information about me and my account to others.

I also agree to reimburse the city for its expenses incurred in connection with any credit commitment. These expenses include without limitation the City of Rosemead's appraisal, environmental services, and legal costs and are payable even though the extension of credit may not be consummated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Social Security or Tax Id No.                      Date

\_\_\_\_\_  
Social Security or Tax Id No.                      Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Fair Credit Notice**

The Federal Equal Opportunity Act prohibits creditors from discriminating against applications on the basis of race, color, religion, national origin, sex, marital, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.









**CITY OF ROSEMEAD**  
**JOB CREATION AND BUSINESS INCENTIVE PROGRAM**  
**Personal Resume**

**PERSONAL DATA**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Major: \_\_\_\_\_  
College: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Major: \_\_\_\_\_  
College: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Major: \_\_\_\_\_

**MILITARY SERVICE**     Applicable     Not Applicable

From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**EMPLOYMENT HISTORY (List Current or Last Employment First)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position & Description of Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position & Description of Duties: \_\_\_\_\_

**OTHER PERTINENT INFORMATION**

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



**CITY OF ROSEMEAD**  
**JOB CREATION AND BUSINESS INCENTIVE PROGRAM**  
**Personal Financial Statement**

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

ASSETS	(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
Cash on Hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts and Notes Receivable	\$ _____	Mo. Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mo. Payments \$ _____	
Real Estate (Describe in Section 4)	\$ _____	Loan on Life Insurance	\$ _____
Automobile-Present Value	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____		
		Total	\$ _____

SECTION 1. SOURCE OF INCOME	CONTINGENT LIABILITIES
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Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (Describe Below) *	\$ _____	Other Special Debt	\$ _____

**DESCRIPTION OF OTHER INCOME IN SECTION 1**


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**SECTION 2. NOTES PAYABLE TO BANK AND OTHERS**

(Use attachments if necessary. Each attachment must be identified as part of this statement and signed)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

**SECTION 3. STOCKS AND BONDS**

(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**SECTION 4. REAL ESTATE OWNED**

(List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month/Year			
Status of Mortgage			

**SECTION 5. OTHER PERSONAL PROPERTY AND ASSETS**

(Describe, and if any is pledged as security, state name and address of lienholder, amount of lien, term of payment, and if delinquent, describe the delinquency.)

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**SECTION 6. UNPAID TAXES**

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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**SECTION 7. Other Liabilities**

(Describe in detail.)

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**SECTION 8. Life Insurance Held**

(Give face amount and cash surrender value of policies-name of insurance company and beneficiaries.)

I authorize the City of Rosemead/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:



**CITY OF ROSEMEAD**  
**JOB CREATION AND BUSINESS INCENTIVE PROGRAM**  
**History of Business**

Business Name \_\_\_\_\_

Nature of Business \_\_\_\_\_

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Types of Products/Services

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Customer Profile

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Competitive Advertisements

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Major Supplies

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Geographical Sales Area

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Future Plans on Growth/Expansion

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How will this loan benefit your company?

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Will the funding of the loan create new employment opportunities?

If so, state how \_\_\_\_\_

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