Carlisle Borough Commercial Revitalization and Shopsteading Loan Program

Application

| ■ Th | ne Applicant and Contact Information | | | | | | |
|---------------------------------------|--|---------------------|---|--|--|--|--|
| Your Name:S | | SS#: | Birth Date: | | | | |
| Spouse's Name: | | SS#: | Birth Date: | | | | |
| Your | Address: | | | | | | |
| | | PA | zipcode | | | | |
| Your Phone Number(s): | | | mobile | | | | |
| ■ Th | ne Business | | | | | | |
| Legal | I Name of the Business: | | | | | | |
| Addre | ess of the Subject Business or Property: | | | | | | |
| | | | | | | | |
| Employer Identification Number (EIN): | | DU | NS Number: | | | | |
| Busin | ness Description, Type: | | | | | | |
| | , , , | | | | | | |
| ■ Lo | oan Request Information and Project Financials | ; | | | | | |
| 1 | Loan Purpose, Type: acquis | sition; is the firs | t floor currently vacant? | | | | |
| | commercial rehabilitation | | | | | | |
| | acquis | sition and rehab | ilitation; is the first floor currently vacant? | | | | |
| | · · | | equipment and, or, facade | | | | |
| | | | other: | | | | |
| 2 | Is the property located within the designated hist | | | | | | |
| _ | • • • | | blighted in need of total rehabilitation | | | | |
| | | | | | | | |
| 3 | in disrepair in need of minor repairs or updates year built if known: Anticipated Acquisition and, or, Rehabilitation Start Date: | | | | | | |
| 4 | Estimated Acquisition and, or Rehabilitation Cost: | | ste: acquisition | | | | |
| 7 | Estimated Acquisition and, or Netiabilitation Cost. | | rehabilitation | | | | |
| | Estimated Other Costs (detail): \$ | Ψ | | | | | |
| | ss | | for: | | | | |
| | æ. | | IVI. | | | | |

| 5 | Do you have the ability to self-finance or obtain a mortgage or other financing for the remaining purchase price of the property and, or, project costs in order to open the property or business or make the property available for tenancy? yes no Do you have a letter of commitment from a financial institution for the project? If so, from whom and for how much? | | | | | |
|-------|--|--|------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | from: for: \$ | | | | | |
| | | | | | | |
| ■ Ecc | onomic and Community Dev | elopment Information | | | | |
| 6 | The loan request relates to how many potential businesses on the property's first floor? | | | | | |
| | Will there be any potential businesses on upper floors? | | | | | |
| | Please describe the commercial businesses which will occupy the premises after acquisition or rehabilitation is completed: | | | | | |
| | space #1 | | | | | |
| | space #2 | | | | | |
| | space #3 | | | | | |
| | | nce is given to downtown retail and lesigned to house retail or restaurar | | nt businesses or those properties sses as part of this project (request). | | |
| 7 | How many of the businesse | s described above would be new bu | usinesses | ? | | |
| 8 | How many jobs will be created by these new businesses? | | | | | |
| | space #1 | full-time part-tin | me | JOB CREATION REQUIREMENT for (up to) each \$35,000 loaned as part of this | | |
| | space #2 | full-time part-tin | me | program, the borrower is required to realize or create one full-time job or two part-time- | | |
| | space #3 | full-time part-tin | me | equivalent jobs within two years of the loan closing/settlement date | | |
| 9 | Will the rehabilitation result in more net usable square footage? yes no | | | | | |
| | If yes, how many additional square feet will be created? | | | | | |
| | Will any additional full or part-time jobs be created as a result of this additional space? yes no | | | | | |
| | If yes, how many additional jobs? full-time part-time | | | | | |
| 10 | Does the project include improvements to the upper floors and any apartment units top shop? yes no | | | | | |
| | | | | | | |
| ■ Ma | king Application please s | ign, date and provide your applicati | ion to the | e Cumberland County Redevelopment Authority | | |
| | | | | | | |
| | | | | | | |
| date | | signature | | | | |