



# BEAUTIFICATION PROGRAM

Community Futures Lakeland is pleased to offer businesses in the MD of Bonnyville boundaries this opportunity to receive a beautification loan and grant to enhance the appearance of their business. This program would not be available without the generous support of the MD of Bonnyville

Businesses may be eligible to receive an interest free loan up to a maximum of \$8,000 along with a grant up to a maximum of \$2,000.

Contact Community Futures Lakeland at 780-826-3858 to apply and receive the complete program guidelines.





## Application for Beautification Loan and Grant

|                       |                              |                           |
|-----------------------|------------------------------|---------------------------|
| <b>NAME:</b> _____    | <b>INCORPORATED:</b> _____   | <b>CONTACT:</b> _____     |
| <b>ADDRESS:</b> _____ | <b>CO-OPERATIVE:</b> _____   | <b>POSITION:</b> _____    |
| _____                 | <b>PARTNERSHIP:</b> _____    | <b>PHONE – BUS:</b> _____ |
| _____                 | <b>PROPRIETORSHIP:</b> _____ | <b>PHONE – RES:</b> _____ |

### DESCRIBE TYPE OF BUSINESS, PRODUCTS, SERVICES, MARKETS

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

### HISTORY OF BUSINESS:

BUSINESS  \_\_\_\_\_

Application Fees: (non-refundable)

\$75.00

### OWNERSHIP

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Position: \_\_\_\_\_ No. of Shares or % Interest: \_\_\_\_\_

### DESCRIBE PROJECT TO BE FINANCED:

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

### LOCATION OF BUSINESS:

EXPECTED JOBS TO BE CREATED: \_\_\_\_\_ F.T. \_\_\_\_\_ P.T. \_\_\_\_\_ Seasonal

### ESTIMATED PROJECT COSTS

Painting..... \$ \_\_\_\_\_  
 Flooring..... \$ \_\_\_\_\_  
 Shelving..... \$ \_\_\_\_\_  
 Light Fixtures..... \$ \_\_\_\_\_  
 Signage..... \$ \_\_\_\_\_  
 Other..... \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

### EXPECTED FINANCING

CF Loan..... \$ \_\_\_\_\_  
 MD Grant..... \$ \_\_\_\_\_  
 Other..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

**BANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I HEREBY AUTHORIZE OUR BANK TO DISCLOSE ALL INFORMATION CONCERNING OUR AFFAIRS TO THE COMMUNITY FUTURES LAKELAND LIKEWISE AUTHORIZED TO DIVULGE INFORMATION CONCERNING OUR AFFAIRS IN RESPONSE TO NORMAL CREDIT INQUIRIES FROM TRADE AND OTHER CREDITORS. COMMUNITY FUTURES LAKELAND MAY MAKE A BRIEF ANNOUNCEMENT OF ANY LOAN WHICH IT MAY SUBSEQUENTLY AUTHORIZE.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## Community Futures Lakeland - LOAN APPLICATION CHECKLIST

Community Futures Lakeland will require the following information or documents in order to process your loan application and reach an informed decision.

### New Businesses:

- A personal resume of company principles
- Personal Statement of Affairs** of principles and if applicable, from Guarantor(s)
- Loan Application Form**
- Financial Projection**
- Copy of company incorporation / registration
- Project Description**
- Estimates (if applicable)
  - renovations
  - equipment
  - building/construction
- Other \_\_\_\_\_

### If An Existing Business:

- Financial Statements / Tax Return for the last year**
- Personal Statement of Affairs** of principles and if applicable, from Guarantor(s)
- Loan Application Form**
- Loan Application Fee (non-refundable)
- Project Description**
- Estimates (if applicable)
- Aged list of Accounts Receivable and Accounts Payable
- Copy of Lease Agreement (if applicable)
- GST Number
- Other \_\_\_\_\_

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### In order to process an APPROVED application, the following may be required:

- Verification of Personal Investment
- If the loan is to an individual or partnership, copies of your birth certificate(s) are required.  
(Citizenship Document or Passport)
- Lease Agreement (if applicable)
- Copy of Trade Certificate (if applicable)
- Copy of Company Incorporation / Registration
- Provincial / Municipal License
- A comprehensive list of all equipment owned & to be purchased, including serial #'s
- Assets used as security require proof of ownerships (i.e., copies of registrations or bills of sale)
- Other \_\_\_\_\_

## PERSONAL STATEMENT OF AFFAIRS

|  |  |   |         |                   |             |
|--|--|---|---------|-------------------|-------------|
| Full Name:   |  | Home Phone: _____   |         | Work Phone: _____ |             |
| S.I.N.   |  | Fax Phone: _____  |         | Cell Phone: _____ |             |
| Birth Date:<br>Day                  Month                  Year  |  | E-mail: _____   |         |                   |             |
| <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |  |   |         |                   | Dependents: |
| Present Address:   |  | City  |         | Province          |             |
|  |  |   |         | Postal Code       |             |
|  |  |   |         | How Long?         |             |
| Previous Addresses in the past 5 years (use reverse if necessary):   |  |   |         |                   |             |
|  |  |   |         |                   |             |
| Present Employer:  |  | Position:   | Work#:  | Mo. Income:       | How Long?   |
| Previous Employer (s) in the past 5 years:   |  |   |         |                   |             |
|  |  |   |         |                   |             |
|  |  |   |         |                   |             |
| Spouse's Name:   |  | Birth Date:<br>Day                  Month                  Year   |         |                   |             |
| S.I.N.   |  |   |         |                   |             |
| Spouse's Employer:   |  | Occupation:   | Work#:  | Mo. Income:       | How Long?   |
| Spouse's Previous Employer   |  |   |         |                   |             |
| Source of other Income:  |  |   |         |                   |             |
| Relative: Name   |  | Address:  |         | Relationship:     | Phone #:    |
| Relative: Name   |  | Address:  |         | Relationship:     | Phone#:     |
| Relative: Name   |  | Address:  |         | Relationship:     | Phone #:    |
| Landlord:  |  |   | Phone#: | Rent Payment:     |             |
| INSURANCE: Do you need life insurance?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If no, please state name of Insurance Company and Life Agent:<br><br>Company Name: _____                  Life Agent: _____ |         |                   |             |

| What You Own<br>(List and Describe All Assets)   |      | What You Owe  |     |         |
|--|------|---|-----|---------|
| DESCRIPTION  | CASH | COMPANY   | O/S | PAYMENT |
| Cash on Hand/Deposit:  | \$   | Credit Cards:   | \$  | \$      |
| Bank or Trust:   |      |   |     |         |
| Name:  |      |   |     |         |
| Name:  |      |   |     |         |
| RRSP's Where?  |      |   |     |         |
| Stocks, Bonds, Etc.:   |      |   |     |         |
| Vehicles (Describe with Year and Model)  |      | Bank Loans  |     |         |
| 1)   |      | 1.  |     |         |
| 2)   |      | 2.  |     |         |
| 3)   |      | 3.  |     |         |
| 4)   |      | 4.  |     |         |
| 5)   |      | 5.  |     |         |
| Other Assets   |      | Other Liabilities (Parents, Co-signer, Legal Claims, etc.): |     |         |
|  |      |   |     |         |
|  |      |   |     |         |
|  |      |   |     |         |
| Real Estate: 1.  |      | Mortgage(s):  |     |         |
| 2.   |      |   |     |         |
|  |      | Monthly Rent Payable:                                       |     |         |
| Household (insured value):   |      | Taxes Owing (please specify):                               |     |         |
| Life Insurance (value):  |      | Revenue Canada  |     |         |
|  |      | Other (please describe):                                    |     |         |
| <b>Total Assets:</b>   | \$   | <b>Total Liabilities (add O /S column):</b>                 | \$  |         |
| <b>NET WORTH = \$ _____ (NET WORTH = Total Assets - Total Liabilities)</b>   |      |   |     |         |
| I hereby certify that the information provided is correct and permission is hereby granted for Community Futures Community Futures Lakeland to conduct a credit investigation. |      |   |     |         |
| Signature _____  |      | Date _____  |     |         |
| Signature _____  |      | Date _____  |     |         |

**Personal Statement of Affairs Page 2 of 2**

*Additional information that you feel may be applicable (include contingent liabilities), please add to the back of this form.*



## COMMUNITY FUTURES LAKELAND LOAN AND GRANT PROPOSAL

|                 |  |
|-----------------|--|
| Client Name(s): |  |
| Business Name:  |  |
| Address:        |  |
| Phone No:       |  |

Length of time at location: \_\_\_\_\_ Landlord: \_\_\_\_\_

Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ Length of Lease: \_\_\_\_\_

If no, please describe rental agreement: \_\_\_\_\_

**Project Description:** \_\_\_\_\_

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**Please list the details of the project as follows:**

| Project Description<br><small>i.e. Painting 2 walls</small> | Estimated Material Costs<br><small>i.e. 10 gal at \$10 each (\$100)</small> | Estimated Labour Costs<br><small>i.e. 10 hours at \$15/hour (\$150)</small> | Estimated Completion Date<br><small>i.e. November 2021</small> | Other Comments     |
|---|---|---|--|--------------------|
|   |   |   |  |                    |
|   |   |   |  |                    |
|   |   |   |  |                    |
|   |   |   |  |                    |
|   |   |   |  |                    |
|   | <b>Total Material Cost:</b>   | <b>Total Labour Cost:</b>   |  | <b>Total Cost:</b> |

Quotations Valid Until: \_\_\_\_\_

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