

SLoT Inquiry Form



Tri County Council For Western Maryland

11 S. Lee St
Cumberland, MD 21502
Phone 301-689-1300
Fax 301-689-1313
www.tccwmd.org

BUSINESS PROJECT SUMMARY

Name of Business	Is this business new or existing?	☐ New	☐ Existing
Primary Contact Name	If existing, what is the structure?	☐ Sole Proprietorship	☐ Partnership
Business Address		☐ Limited Liability Company	☐ S Corporation
		☐ C Corporation	☐ Non-Profit
City, State, Zip	Date business established		
County	Is business registered in Maryland?	☐ Yes	☐ No
Phone	Is business in good standing in Maryland?	☐ Yes	☐ No
Product or Service	Is business in good standing with County?	☐ Yes	☐ No
Industry Sector	Federal Tax ID#		
Total Project Cost	Is this business 51% or more (check all that apply)	☐ Minority Owned	
Requested Loan Amount		☐ Woman Owned	
		☐ Veteran Owned	
		☐ MBE# _____	
Is there collateral Available? ☐ Yes ☐ No			
Describe collateral:			

MANAGEMENT

Proprietor, partners, officers, directors, and all shareholders of outstanding stock - 100% of ownership must be shown. Please use a separate sheet if necessary.

Name	Name
Title	Title
Home Address	Home Address
City, State, Zip	City, State, Zip
Email	Email
% Owned	% Owned
Phone	Phone

Type of Company Financial Statements	☐ CPA Prepared	☐ In-house	☐ Tax Returns
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Has the firm, its affiliates or any owner ever filed for bankruptcy?	☐ Yes	☐ No
Has the firm, affiliate or any owner ever defaulted on a loan?	☐ Yes	☐ No
Has any owner been convicted of a crime (other than minor vehicle)?	☐ Yes	☐ No
Have you been declined for a loan for this project by a lender?	☐ Yes	☐ No
Are any individual or business taxes unpaid?	☐ Yes	☐ No
Are there any judgments, lawsuits or major disputes involving the firm, affiliates, or any owner?	☐ Yes	☐ No

If you answered YES for any of the above, please provide a brief explanation on a separate sheet.

PROJECT DESCRIPTION

Please use a separate sheet if necessary.

Please briefly describe the proposed project. Include:

1. General allocation of project costs (land, building purchase, leasehold improvements, inventory, marketing, working capital, etc)

2. Estimated completion date

3. Reason for the project (e.g. relocation, expansion, new business start-up, equipment purchase, etc)

4. Indicate if this project will ADD or RETAIN jobs and, if yes, how many?

**Minimum owner equity injection of 10% for start-up businesses is required

By signing this form, I/We represent and warrant that the information provided is true and correct. I/We further authorize TCCWMD to obtain credit information and make inquiries as necessary to verify the accuracy of the statements made and to determine creditworthiness. I/We further give TCCWMD the right to contact other lenders identified in this form. I/We waive all claims against TCCWMD and its consultants.

Signature	Date
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Signature	Date
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☐ I give permission to use this information without a signature (for electronic submission only)

*By submitting this form you are not applying to the loan fund. This form is a prequalification counseling tool and for discussion purposes only.