

DESTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE

APPLICATION FOR FINANCIAL ASSISTANCE

SECTION I.	APPLICATION/PERSONAL INFORMATION					
Name:	Kristin Barney					
A 11	P.O. Box 35	6				
Address: Milton, NY		12547				
Telephone:	845-514-516	66 Fax:	nastries com			
SECTION II.	INFORMATI	ON ABOUT YOUR BUSINESS	AND BUSINESS LOCATION			
Name o	f Business:	Mad Batters Pastries				
Address of Business:		21 Clarks Lane				
		Milton, NY 12547				
Business Telephone: Type of Business: Date Established: Date of Incorporation:		845-514-5166 Business	Fax:			
		Bakery - Cafe				
		April / 2014				
		July / 2018				
Federal II Social Securit	O Number: y Number:					
Bank where your Name	Business has an	n account: Hudson Valley Federal Credit Union				
Address of Bank:		159 Barnegat Rd, Poughkeepsie, NY 12601				
Telephone:		845-463-3011				
Number of Employ Presently Employ		2 Full Time 1 Part Time 2	2.5 _F TE			
Current jobs retained after project		t 2 Full Time 1 Part Time 2	^{2.5} FTE			
Jobs created after project		1 Full Time 5 Part Time 2	2.5 _F TE			

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Ethnicity: Hispanic or Latino Not Hispanic or Latino _ x Race: (Mark one or more) White x Black or African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Gender: Male ____ Female _x___ Briefly describe the project for which this loan money is intended: Mad Batters Pastries is moving into a new location at 1447 US-9W, Marlboro, NY 12542 The UCRLF loan will be to build out and expand the current gluten free bakery operations. Additionally, the business will fund the expansion of the business and outfit a cafe at the same location.

SECTION III.	INFORMATION ABOUT MANAGEMENT all owners (having 20% or greater interest), officers, directors, and/or partners.					
	nt of ownership and the annual compensation. If more space is required attach a					
Name and Title:	Kristin Barney, Owner / President					
Address:	223 Perkinsville Rd					
	Highland, NY 12528					
Telephone:	845-514-5166					
Percent of Ov	vnership: 100 % Annual Compensation: \$_40,000					
Name and Title: Address:	n/a					
Telephone:						
Percent of Ov	vnership:					

SECTION IV. SUMMARY OF COLLATERAL

All loans made through the Revolving Loan Fund are secured. Please list items to be secured. Prior to closing, you will be required to provide an appraisal and deed for real property; or a list of make, model, serial number and appraised value for machinery, equipment, furniture or fixtures.

	Present Market Value	Present Mortgage Balance	Date Purchased	Cost Less Depreciation
A) Land and Building	\$	\$	/ /	\$
B) Machinery and Equipment	\$ 69,329.00 includes \$18,000 of	\$ new equipment	várious/	\$
C) Furniture and Fixtures	\$	\$	/ /	\$
D) Personal Residence	\$.	\$	/ /	\$
E) Other	\$ 69,329	\$	/ /	\$
Collateral Offered		\$	\$	\$

Section V. Sources and Uses of Funds for Project Project budget - Summary of Proposed Expenditures

Use Of Funds	Source Of Funds						
	Loan Fund	Owner Equity	Bank / Other (Specify)	Total			
Land Acquisition							
Clearance and Demolition							
Streets / Site Improvements, Parking Facilities							
Water / Sewer Facilities							
Buildings Acquisition							
Construct _x Renovate / Reconstruct	31,000 \$1000 \$2000			\$31,000			
Capital Equipment X New X Used		\$5,000 (used)	\$18,000 Rhinebeck Bank	\$23,000			
Furniture and Fixtures x New Used	\$4,000			\$4,000			
Professional Fees							
Working Capital (attach a detailed list)							
Contingencies							
TOTAL PROJECT COSTS	\$ 35,000	\$ 5,000	\$ 18,000	\$ 58,000			

Term of Loan Requested: 7 years / 84 months years/months

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.

City, State & Zip Code Highland, NY 12528			
Business Name of Applicant/Borrower Mad Batters P	Pastries		
9/30/2018 ASSETS Cash on hand & in Banks Savings Accounts IRA or Other Retirement Account Accounts & Notes Receivable	LIABILITIES Accounts Payable Notes Payable to Banks and others (Describe in Section 2) Installment Accounts (Auto) 16,549		
Life Insurance-Cash Surrender Value Only (Complete Section 8) Stocks and Bonds	Installment Accounts (Other) 6,491 (credit cards)		
(Describe in Section 3) Real Estate (Describe in Section 4) Automobile-Present Value Other Personal Property Other Personal Property	Loan on Life Insurance Mortgages on Real Estate (Describe in Section 4) Unpaid Taxes (Describe in Section 6)		
(Describe in Section 5) Other Assets (Describe in Section 5) TOTAL 29,845	Other Liabilities (Describe in Section 7) Total Liabilities Net Worth TOTAL 23,040		
tion 1. (Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward income.)	As Endorser or Co-Maker		
Salary Net Investment Income Real Estate Income Other Income (Describe Below)			
Description of other Income:			

ection 2.					KS AND OTH		TT	L 2
Name and A Of Note Ho		Original Balance	Current Balance	Paymer Amoun	t Freque t (month	ncy lly, etc)	Or E	Secured ndorsed of Collateral
n/a								
Section 3.			S	TOCKS AND			I	
Number of Share	Name of	Securities		Cost	Market Va Quotation/ Exchange	·	Date of Quotation/Exchange	Total Value
n/a								
Section 4.			F	REAL ESTAT	E OWNED			
pe of Propert	у		Prope	rty A	Prop	erty B		Property C
me & Addres Title Holder	SS							
te Purchased								
iginal Cost	<u> </u>							100
esent Market	Value							

fame and Address f Mortgage Holder			1	
f Mortgage Holder				
. I. I. O. Bugo II. O. I.				
fortgage Account Number				
fortgage Balance				
mount Payment er Month/ Year				
tatus of Mortgage				
Section 6.			if you attack too limb	
Section 6. Unpaid Taxes: (Describe in detail n/a	, type, to whom payable, w	then due, and to what property,	if any, attach tax lien)	
Unpaid Taxes: (Describe in detail	, type, to whom payable, w	then due, and to what property,	if any, attach tax lien)	
Unpaid Taxes: (Describe in detail 11/a		then due, and to what property,	if any, attach tax lien)	
Unpaid Taxes: (Describe in detail n/a Section 7.		when due, and to what property,	if any, attach tax lien)	
Unpaid Taxes: (Describe in detail 11/2) Section 7. Other Liabilities: (Describe in de		then due, and to what property,	if any, attach tax lien)	
Unpaid Taxes: (Describe in detail n/a Section 7. Other Liabilities: (Describe in de n/a	tail)			

PERSONAL FINANCIAL STATEMENT

1.	Have you ever gone through bankruptcy o If YES, Please attach an explanatory states		_x_NoYes					
2.	If this is a statement of you and your spouse, a If YES, Please attach an explanatory statemen		separate property?NoYes					
3.	Are any assets pledged or debts secured ex If YES, Please attach an explanatory states		Yes					
prosess that dec the and sta	The information contained in this statement is provided for the purpose of obtaining a loan from funding programs on my/our behalf or on behalf of firms or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in favor of the funding program. I/We understand that this information, including the designation made as to ownership of the property will be used in deciding to grant or continue credit. I/We certify that the information provided is true and complete to the best of my/our knowledge. I/we authorize the loan fund administrator to check my/our credit history and employment listing or to make all other inquiries you deem necessary to verify the accuracy of the statements made on this form in the determination of my/our credit-worthiness and answer questions about or report my/our credit experience.							
Sig	mature:	Date:	Social Security Number:					
	gnature:	Date:	Social Security Number:					

Checklist of Exhibits for attachment

All exhibits must be signed and dated by the person (s) signing this application form. Please be sure that they are properly labeled as indicated in this checklist.

- Exhibit A. Summary of Collateral for purposes **OTHER** than listed in Section IV.
- Exhibit B. Use of Loan Money for purpose **OTHER** then listed in Section V.
- Exhibit C. List of <u>Business Financial Statements</u>. For the **Last Three Years**; a balance sheet and reconciliation of Net Worth, Profit and Loss Statement (Income Statement). For the **Current Year**; an Aging of Accounts Receivable, and Accounts Payable. For the **Next Three Years**; Earnings Projections, Pro Forma Financial Statements.
- Exhibit D. Current Loan Status: Complete a list which contains original date and amount, present balance owed, interest rate, term, monthly payment, and security for each loan that your business currently has. Please indicate whether the loan is current or delinquent.
- Exhibit E. History of the Company: Please provide a brief history of your company and a paragraph describing the expected benefits it will receive from this loan.
- Exhibit F. Management Resumes: Please provide a brief description of the educational, technical and business background for all the people listed in Section III under "Management".
- Exhibit G. Co-Signers and/or Guarantors: Please provide a list of co-signers and/or guarantors, including names, address, telephone number's and personal balance sheets.
- Exhibit H. <u>List of Machinery and Equipment</u>: If you are buying machinery or equipment with your loan money, please provide a list of the equipment, including makes, models and values.
- Exhibit I. Bankruptcy or Insolvency: Please provide details of any bankruptcy or insolvency proceedings involving you or any officer of your company.
- Exhibit J. Lawsuits: Please provide details of any pending lawsuits involving you or any officer of your company.
- Exhibit K. Subsidiaries or Affiliates: Please provide the names(s) and relationship of any subsidiary or affiliate of your company along with a current balance sheet and operating statement for each.
- Exhibit L. Services: please provide details if you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest.
- Exhibit M. Franchise: If your business is a franchise, please submit a copy of the franchise agreement.