

APPLICATION FOR FINANCIAL ASSISTANCE
DEPARTMENT OF BUSINESS NEW BRUNSWICK
P.O. Box 6000
Fredericton, New Brunswick
CANADA E3B 5H1
Tel.: (506) 453-3313 or 453-2474
Fax: (506) 453-7904

NOTICE

- The enclosed "Environmental Information Questionnaire" must be completed by manufacturers.
- Applications will not be processed until required information is received.
- Attach a copy of your current business plan, if available. Where appropriate in this application, you may refer to such business plan.

A. ASSISTANCE REQUESTED

1. Type: _____
Amount: \$ _____ Term: _____
2. Describe what the requested assistance will be used for:

B. BUSINESS IDENTIFICATION

1. Name of Company or Person Applying: _____
2. Address: _____ Tel: _____
Fax: _____
3. Precise Location of Business: _____
4. Type of Business: Manufacturer Tourism KnowledgeBased
Service Other: _____
5. Contact Persons: Name: _____ Telephone: _____

6. Legal Form of Business: Sole Proprietorship Partnership Cooperative
Incorporated Company To Be Incorporated
7. Date Business Started: _____
8. Attach the following:
 - a) SHAREHOLDERS (names, addresses, ownership of each class of shares)
 - b) DIRECTORS (names, addresses)
 - c) OFFICERS (names, management position, years with Business)
 - d) Qualifications and employment histories of Officers and key personnel
 - e) Incorporation Papers

9. Names, addresses, telephone numbers of:
- a) Banker: _____
 - b) Accountant: _____
 - c) Lawyer: _____

C. FINANCIAL INFORMATION

1. Your application is incomplete until the required financial information is submitted:
- Last 3 years financial statements and latest interim statement
 - Projections for 3 years including Income Statements and Balance Sheets
 - Twelve months projection of Cash Flow, Income Statement, Balance Sheets
 - List of compensation of Shareholders, Management and their Relatives

2. Present Debt (attach separate list if necessary):

TYPE	LENDER	\$ BALANCE	DUE DATE	SECURITY
Operating Line	_____	_____	_____	_____
Accounts Payable	<u>Trade Creditors (Attach List of Major Payables)</u>			
Shareholder Loans	_____	_____	_____	_____
Term Loans, Leases	_____	_____	_____	_____
Other, _____	_____	_____	_____	_____

3. Source and Use of Funds for Your Overall Project:

<u>Source of Funds</u>		<u>Use of Funds</u>	
Owner's Investment	\$ _____	Land	_____
Unguaranteed Term Loans	_____	Buildings	_____
Unguaranteed Operating Loans	_____	Mach. & Equip.	_____
Federal Contribution	_____	Vehicles	_____
Federal Loan	_____	Invtry. & A/R	_____
Federal-Insured Loan	_____	Reduce A/P	_____
Provincial-Insured Loan	_____	Start-up Costs	_____
Other Provincial Assistance	_____	Product Dev.	_____
Other (specify) _____	_____	Other (specify)	_____
TOTAL	\$ _____	TOTAL	\$ _____

4. How much of owners' investment will be borrowed? \$ _____
- From whom? _____ Terms & Interest Rate? _____
- _____
- What security will be pledged? _____

5. Have you applied to any other Government or lending agency?

AGENCY	Approved?			Contact Person
	Yes	No	Pending	
_____	Yes	No	Pending	_____
_____	Yes	No	Pending	_____
_____	Yes	No	Pending	_____

6. Enclose copy(s) of any offers of assistance or term sheets received:

Attached Not Available Not Applicable

7. Describe any government assistance received in the past:

D. BUSINESS DESCRIPTION

1. Products & Services (quantities, types):

2. Buildings, Equipment, Other Facilities:

3. Process and Production Methods:

4. Marketing. Identify your sales methods, market areas, market share, export volumes and plans to retain or increase sales:

5. Competition. Identify your major competitors located in

a) New Brunswick: _____

b) Elsewhere: _____

6. Transportation. How do you move

a) Raw materials? _____

b) Finished products? _____

7. Seasonality? When do you operate during the year? _____

8. Identify any licenses or permits necessary to operate: _____

E. ECONOMIC, SOCIAL, AND ENVIRONMENTAL IMPACT

- | | <u>Last Year</u> | <u>This Year</u> | <u>Next Year</u> |
|---|------------------|------------------|------------------|
| 1. Number of Employees | _____ | _____ | _____ |
| 2. Total Wages/Salaries | _____ | _____ | _____ |
| 3. Identify operating and capital expenditures to be made in New Brunswick: | | | |
| 4. Identify Sources of Major Raw Materials: | | | |
| 5. Identify Potential Environmental Effects and Solutions: | | | |
| 6. Identify Potential Training Requirements: | | | |
| 7. Identify any Extraordinary Requirements for Power, Water, and Raw Materials: | | | |

F. LEGAL

1. Describe all Outstanding or Pending Legal Actions Against the Business, its Shareholders, Directors or Management:

2. Declaration

The undersigned does hereby affirm that the information and representations contained in this application are true and correct to the best of the knowledge and belief of the undersigned. The undersigned hereby gives its consent to the Minister of Business New Brunswick of the Province of New Brunswick and to the employees, agents, successors and assigns of the said Minister to seek and obtain further and other information to whatever extent and from whatever sources or records as may be deemed or considered appropriate, and to discuss this application and the business and affairs of the applicant, with the bankers of the applicant and with whomever else the Minister deems or considers appropriate.

Signed this _____ day of _____, 20_____.

SEAL



ENVIRONMENTAL INFORMATION QUESTIONNAIRE

PART 1 – To be filled out by the Payment Officer / Account Manager

_____ date

Assistance requested from:

___ Dept. of Business New Brunswick
___ ACOA (Project No.) _____

Payment Officer / Account Manager _____

Telephone: _____ **Fax:** _____

SIC Code: _____ **Priority:** _____

Total Project Cost: \$ _____

Project Description: _____

The following questionnaire must be completed, providing as much detail as possible. Incomplete questionnaires will not be reviewed by the staff of the Department of the Environment and will be returned to the payment officer / account manager.

Part 2 – To be filled out by proponent

A COMPANY INFORMATION (on existing and/or proposed operation)

Name of Applicant: _____

Company Name: _____

Tel: _____ Fax: _____ E-mail: _____

Mailing address: _____

_____ Postal Code: _____

New Facility	Conceptual (no site selected)
Existing Facility	Expansion Modification

Do you have approvals from the Department of the Environment?

Yes – answer questionnaire in relation to the proposed project only.

List approvals by type (e.g. air, water, solid waste, etc.) with approval number and expiry date.

Approval: type _____ number _____ expiry date _____

Approval: type _____ number _____ expiry date _____

Approval: type _____ number _____ expiry date _____

No – answer questionnaire in relation to the whole operation.

Location of plant: _____ *LRIS PID: _____

*The Property Identification Number (PID) can be found on your property tax bill or can be obtained by calling Service New Brunswick.

Type of product manufactured:

Description of source and process:

B DOMESTIC SEWAGE

Quantity of sewage: _____ Liters(gal)/day, or _____ persons served.

How is sewage to be managed: (check one)

Municipal sewer. Name of municipality: _____

Municipal approval: yes, no

On-site septic system.

Existing , to be constructed ,

Approved by Department of Health yes, no

Private sewage treatment plant.

Design size: _____ liters (gal)/day. Location: _____

Discharged to: _____

Approved by Department of the Environment, yes, no.

If approved, approval number: _____

If not yet approved, name of consultant to be used _____

C LIQUID WASTES FROM INDUSTRIAL OPERATIONS (other than sewage)

None – go to Section D.

1. Quantity: _____ m³/day or _____ gallons (UK)/day

2. From what type of process: _____

3. Discharged to:

Municipal sewer. Name of municipality _____

Municipal approval: yes, no

On site septic system

Existing _____, to be constructed _____,

Approved by Department of Health yes, no

Private wastewater treatment plant

Design size: _____ liters (gal)/day. Location: _____

Discharged to: _____

Approved by Department of the Environment, yes, no

If approved: approval number: _____

If not yet approved: name of consultant to be used _____

Land application. Is there an existing approval? yes, no

D AIR CONTAMINANT EMISSIONS FROM INDUSTRIAL PROCESSES

Will there be the following discharges to air?

Space heating equipment. If yes, manufacturer, model number and heat rating of equipment(kj/hr): _____

Type of fuel and approx. annual consumption (liters or gal/year): _____

Fumes (paint, fiberglass, etc.) If yes, indicate type and source:

Dust or odor. If yes, indicate type and source:

Other: _____

None of the above

E WATER SUPPLY SOURCE

Groundwater: Will intended (actual) use be greater than 50 m³/day or 10,000 gallons (UK)/day? yes, no.

Surface water (if no surface water is to be used go to section F)

1. Maximum withdrawal per day: _____ m³ or _____ gallons (UK)

2. Source of surface water (name of lake, river, brook): _____

3. Withdrawal location: _____

4. Intake structure to be built? yes, no

F SURFACE WATER DISTURBANCE

1. Will there be removal or deposit of material within 30 meters of a water course either during construction or operation? yes, no

2. Will there be any disturbance of the ground within 30 meters of a water-course?
yes, no

3. Will there be any cutting of trees within 15 meters of a watercourse?
yes, no

4. Is the operation located within a designated?
water shed? yes, no
If yes, name of watercourse: _____
Tributary to:

G PETROLEUM STORAGE

Yes (if no petroleum product storage on site go to Section H)

Type of petroleum product(s) stored: _____

Size of storage tanks: #1 - _____ (liters)	above	below ground
#2 - _____ (liters)	above	below ground
#3 - _____ (liters)	above	below ground

Are existing tanks registered? yes (if yes give site# _____), no

H OTHER CHEMICAL OR WASTE STORAGE (including paints)

Yes (if no other chemicals or wastes stored on site go to Section I)

Chemical Name	Max. vol. stored	Indoor/outdoor	Spill protection
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: please attach containment plan for storage area and facilities

I OTHER WASTE DISPOSAL

Only regular waste being disposed of (go to Section J)

Industrial wastes	Identify receiver and where waste is disposed of
Hazardous waste	_____
Waste oil	_____
Solid waste	_____
Other	_____

J SITE PLAN

Please attach a site plan which includes the following information:

Distance from facility to nearest road, house, watercourse.

Building location on the site and property boundaries.

Names of adjacent property owners and adjacent land uses (residential, commercial, etc.)

K SIGNATURE

I hereby certify that the information in this application is correct to the best of my knowledge.

Signature of applicant

Date