



## LOBSTERMEN GROUNDLINE REPLACEMENT LOANS ECONOMIC RECOVERY LOAN PROGRAM

This program provides subordinate (gap) financing to assist lobstermen/businesses that have been directly impacted by the National Marine Fisheries Services regulation that goes into effect in October 2008, which requires the lobstermen to replace all floating lines with sinking lines.

- Eligibility:** Maine-based businesses/lobstermen located in the National Marine Fisheries Services designated areas that have been directly impacted by the new National Marine Fisheries Services regulation that goes into effect in October 2008, which requires the replacement of floating lines with sinking lines.
- Loan Amount/  
Exposure:** Normal ERLP lending limits, with the requirement that all funds used specifically for line replacement.
- Interest Rate:** Prime, fixed.
- Loan Term:** Maximum of thirty-six months.
- Security:** Business assets and other collateral as required, including a pledge of any applicable government assistance received to be applied toward the payoff of the ERLP loan.
- Guarantees:** Unlimited personal guarantees of the business principals secured by personal real estate (where available) generally required.
- Closing Costs:** 1% of loan amount, with a minimum of \$100.
- Special  
Covenants:** Borrower must agree to use any and all proceeds of applicable government assistance toward payoff of FAME's Loan immediately upon receipt thereof.
- Process:** Submit a **complete** application, **including all required financial information and current insurance information** to FAME by 12/31/08. FAME underwrites the request and makes the final decision.
- Contact:** Finance Authority of Maine  
PO Box 949  
Augusta, ME 04332-0949  
Tel: 207- 623-3263  
1-800-228-3734  
FAX: 207-623-0095  
TTY: 207-626-2717  
URL: [www.famemaine.com](http://www.famemaine.com)



## CERTIFICATION

By executing below, the Borrower certifies that:

1. The Borrower has a place of business located in a Maine community within the National Marine Fisheries Services designated line replacement area;
2. The Borrower has been directly impacted by the National Marine Fisheries Services groundline replacement regulation that goes into effect in October 2008;
3. The Loan is for the replacement of the floating line replacement by the Borrower on account of the National Marine Fisheries Services regulation that goes into effect in October 2008;
4. The Borrower pledges all applicable insurance proceeds and covenants to use any and all proceeds of applicable government assistance toward payoff of FAME's Loan immediately upon receipt thereof.

\_\_\_\_\_[Borrower]

By:  
Its:



Thank you for considering FAME for your business financing needs. Please note that all information requested in this application must be included for the application to be considered complete. Please refer to the Application Package Requirements at the end of this application. FAME will only process complete applications.

## Lobstermen Groundline replacement LOANS ECONOMIC RECOVERY LOAN PROGRAM

Amount Requested: \$ \_\_\_\_\_ (max \$75,000) Term Requested: One Year

Borrower Name: \_\_\_\_\_  
 Borrower Address: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Business Name (if different from above): \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Business Type:  Proprietorship  Partnership  S-Corp  C-Corp  LLC  LLP  Other  
 (describe): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_  
 Date Established: \_\_\_\_\_  
 State of Organization: \_\_\_\_\_

Number of jobs this financing will create: \_\_\_\_\_  
 Number of jobs this financing will retain: \_\_\_\_\_

Public benefit to be derived from this financing (attach additional sheets as necessary):  
 \_\_\_\_\_

Are there underground tanks on the property?  No  Yes If yes, please describe.

Is there any legal action currently pending or threatened against the applicant(s) or guarantor(s)? If yes, please explain.  
 \_\_\_\_\_

<b>Business Principals.</b> List all Partners or Stockholders and their ownership percentage*. ( <i>Attach additional sheets as necessary.</i> )				
Name & Title	Address	Social Security #	Telephone	Ownership %

\* Individuals owning 20% or more of the business must provide unlimited personal guarantees.

<b>Business Indebtedness.</b> Include major leases. Use an asterisk (*) to identify debts to be paid with loan proceeds. <i>(Attach additional sheets as necessary.)</i>							
Payable To	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	How Secured

<b>Proposed Collateral.</b> <i>(Attach additional sheets as necessary.)</i>					
Type	Description	Market Value	Basis for Valuation	Existing Lienholder	Outstanding Balance

**Disclosure and Confidentiality Statement**

Certain information in the Authority's possession must be available for public inspection after an application for financial assistance is received. This information includes the names of applicants, including principals; the amounts, types and general terms of financial assistance; description of projects and businesses benefiting from the assistance; the number of jobs and the amount of tax revenues projected in connection with a project; and the names of the financial institutions participating with the Authority.

Certain records of the Authority are designated confidential and will not be available to the public for inspection. This includes the disclosure of records which would constitute an invasion of an individual's privacy, such as personal tax returns or financial statements, assessments of creditworthiness or financial condition, records obtained by the Authority in connection with any monitoring or servicing on an existing project, and any records or information the release of which the Authority had determined could cause a business or competitive detriment to the person to whom the information belongs or pertains.

If an applicant desires certain information remain confidential, the applicant must clearly identify what information or documents it wishes to remain confidential. The applicant must also explain, in writing, the basis for such a request. Where the applicant asserts that the basis for the confidentiality request is that release of the information could cause a business or competitive disadvantage, or loss of a competitive advantage, the applicant must provide the Authority with sufficient information to independently determine the likelihood of such a detriment. Applicants may wish to consult their attorney or the Authority's legal counsel as to the scope of public disclosure and confidentiality as it relates to the Finance Authority of Maine and the business seeking assistance.

**Borrower and Guarantor Certification**

By signing below, I represent that I am the individual authorized to complete this application on behalf of the above borrower and I also certify that the information provided and submitted in connection with this application is true and accurate and fairly presents the business and financial status of the applicant. I further certify that I have read and understand the Finance Authority of Maine's Disclosure and Confidentiality Statement.

By signing below, I/we authorize FAME to conduct appropriate business or personal credit checks.

\_\_\_\_\_  
Borrower/Authorized Representative Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

## **Application Package Requirements**

A completed Loan Application package must include the following:

1. Detailed description of the floating line replacement due to National Marine Fisheries Services regulation that goes into effect October, 2008, and how it has a serious negative impact on your business.
2. Detail of the sources and uses (include itemized description of work and costs) of all financing.
3. Business' Federal tax return for the previous two years and/or complete accountant prepared financial statements (income statement and balance sheet and notes). **If loan request is for \$10,000 or less, only the complete 2005 tax returns are required.**
4. Interim financial statements (if the most recent financial information is older than 90 days). **Not required if loan request is for \$10,000 or less.**
5. Personal Financial Statement and Federal Income Tax Returns of all owners and guarantors with 20% or more ownership.
6. One-year pro forma balance sheet, income statement and monthly cash flow statement with supporting assumptions. **Not required if loan request is for \$10,000 or less.**
7. Copies of signed commitment letter from other financing sources as applicable. **Not required if loan request is for \$10,000 or less.**
8. Completed Employment Plan, if your business employs more than ten full-time employees (attached).
9. Completed Environmental Questionnaire (attached). **Not required if loan request is for \$10,000 or less.**

Supplemental information such as collateral appraisals, marketing plans, resumes, site assessments, and aging of accounts receivable/payable maybe requested by the Authority. If these materials are readily available, please include them with your application package.



## FINANCE AUTHORITY OF MAINE PERSONAL FINANCIAL STATEMENT

<b>Part I. Personal Profile</b>			
Name:		Social Security Number:	
Address:		Occupation:	
Joint Applicant Name:		Social Security Number:	
Business Name:		Business Address:	
Length of Employment	Home Telephone:	Business Telephone:	
Previous Employer	City/Town	Contact:	Telephone:
Joint Applicant Previous Employer:	City/Town	Contact:	Telephone:

<b>Part II. Personal Financial Profile</b>			
<b>Assets</b>		<b>Liabilities</b>	
Cash on hand and in Banks		Notes Payable to Banks - Secured (Complete Schedule E)	
U.S. Government Securities (Complete Schedule A)		Notes Payable to Banks - Unsecured (Complete Schedule E)	
Stocks and Bonds (See schedule A)		Due to Brokers	
Non-Marketable Securities (Complete Schedule B)		Mortgages (Complete Schedule C)	
Real Estate (Complete Schedule C)		Credit Cards [Please itemize]	
Accounts, loans, and notes receivable		1.	
Retirement Accounts (vested portion)		2.	
Life Insurance - cash surrender value only (Complete Schedule D)		3	
Automobiles		4.	
Other Assets [Please itemize]		Other accounts and bills due [car payments, etc. Please itemize]	
1.		1	
2.		2.	
3.		3. Unpaid income tax or other taxes and interest	
4.		Total Liabilities	
		Net Worth	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

### Part III. Personal Income and Expenses

Sources of Income		Annual Expenses	
Annual Income, Bonuses and Commissions		Mortgage/Rental Payments	
Dividends		Real Estate Taxes	
Rental Income		Insurance Premiums	
Other Income [Please itemize] <i>You need not disclose alimony, child support or separate maintenance income unless you wish the Authority to consider them in a credit decision.</i>		Federal, State and Local Taxes	
		Credit Cards, Car Payments, etc.	
		Alimony, Child Support or Maintenance Income	
		Other expenses [Please itemize]	
<b>Total Income</b>		<b>Total Expenses</b>	
		<b>Contingent Liabilities</b>	
		Do you have any contingent liabilities?	
		If yes, please indicate liability and provide details on a separate sheet.	
		As endorser, co-maker, or guarantor?	
		Contested taxes?	
		Damage claims or legal actions?	
		Other? [Please itemize]	
		<b>Total Liabilities</b>	

### Part IV. General Information

*Note: Answering yes to any of the following questions does not automatically disqualify you from obtaining a loan.*

Have you ever had a Repossession?  Yes  No

Have you ever declared bankruptcy?  Yes  No

Have you ever been convicted or pleaded guilty to a criminal offense, other than a minor traffic violation?  Yes  No

If you answered yes to one or more of the above questions, please provide details.

Schedule A. Government Securities, Stock & Bonds					
Number of units/Shares	Description	In Name of	Market Value per share	Total Market Value	Pledged as Security
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule B. Non-marketable Securities					
Number of units/Shares	Description	In Name of	Market Value per share	Total Market Value	Pledged as Security
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule C. Real Estate Equity								
	Address	Name on Title	% Own	Cost	Monthly Payment	Market Value	Outstanding Mortgage	Financial Institution
Personal Residence								
Property								
Property								

Schedule D. Individual and Group Life Insurance						
Insurance Company	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value	

Schedule E. Loan Relationships (Exclusive of Real Estate Loans)						
Lender	Original Loan Amount	Date of Loan	Monthly Payment	Secured or Unsecured	Current outstanding Balance	

Schedule F. Businesses -List all businesses in which you are a principal/partner					
Business Name	% Ownership	Position/Title	Total Business Assets	Type of Business	Year Established

I understand that the Finance Authority of Maine's credit approval may be subject to verification and investigation. I authorize FAME to obtain and release credit information in connection with this statement and with respect to any credit granted.

This is a true and accurate statement of my financial condition. Should my financial condition change at any time while I am under obligation to the Authority, I will promptly notify them in writing of this change. While under such obligation, I will provide an annually updated financial statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Applicant

\_\_\_\_\_  
Date



## FINANCE AUTHORITY OF MAINE EMPLOYMENT PLAN

In accordance with 10 MRSA Section 979, the Finance Authority of Maine requires that all applicants with more than ten (10) employees who receive financial assistance, describe any potential employment opportunities which may assist recipients of Aid to Families with Dependent Children. The information below must be provided as part of this process. This form will be released to a representative for the State's Employment and Training programs who will then contact the company about any training or openings specified in this application.

### 1. APPLICANT INFORMATION

Company Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If the expansion is occurring at a site other than the main office, please complete the following:

Office Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please indicate the company representative who should be contacted to follow-up on this information:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2. BUSINESS DESCRIPTION

If addressed in the FAME application, please note appropriate section.

Describe the type of business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe principal products/services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. EMPLOYMENT INFORMATION

(Please note any general employment-related information from the FAME, application.)

Number of current employees: \_\_\_\_\_

Percentage of current employees in various job categories.

\_\_\_\_ Office      \_\_\_\_ Professional      \_\_\_\_ Sales  
 \_\_\_\_ Managerial      \_\_\_\_ Technical      \_\_\_\_ Production

Number of new full-time/part-time positions created as a result of fame assistance:

FT	PT	
_____	_____	1st year
_____	_____	2nd year
_____	_____	3rd year
_____	_____	TOTAL

Title(s) and brief job description(s) for all new positions. (Attach additional sheets, if necessary).

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**4. TRAINING INFORMATION**

In what ways could a training program assist your company? \_\_\_\_\_

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What training will your company provide? \_\_\_\_\_

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How would wage assistance be helpful in training new employees? \_\_\_\_\_

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What is your projected hiring schedule? \_\_\_\_\_

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**For additional details and information, please contact:**

Finance Authority of Maine  
5 Community Drive  
P.O. Box 949  
Augusta, ME 04332-0949

Tel: 1-800-228-3734  
(207) 623-3263  
Fax: (207) 623-0095  
TTY: (207) 626-2717  
E-mail: [info@famemaine.com](mailto:info@famemaine.com)  
URL: [www.famemaine.com](http://www.famemaine.com)



## FINANCE AUTHORITY OF MAINE ENVIRONMENTAL QUESTIONNAIRE

1. Name of Applicant: \_\_\_\_\_
2. List all locations of the applicant's business: \_\_\_\_\_  
\_\_\_\_\_  
(State whether the applicant is the owner or lessee of any premises referred to above.)
3. Describe briefly the nature of the applicant's business: \_\_\_\_\_  
\_\_\_\_\_
4. List all real estate owned by the applicant or by any guarantors of the loan, including any real estate which may have been referred to above and all real estate which is to secure this loan. Please state location and describe whether residential, commercial or industrial and describe improvements. If any such real estate is commercial or industrial, describe the nature of any activities occurring at those premises, whether such activities are conducted by the applicant or any guarantor as owner of the real estate or by a tenant and indicate for how long such activity has been taking place. If known, describe prior uses or activities at any such locations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Regarding each piece of property, indicate date of transfer to current owner and state whether property was or may have been included in a property description with any other properties at any time after July 1, 1987.)
5. Please indicate if the applicant's business or any of the activities, past or present, at any of the properties referred to in 2 and 4 above, whether conducted by the applicant or any guarantor as owner or lessee of the real estate or by any other lessee, ever included any of the following: gas stations, car washes, auto, truck, bus or boat maintenance or repairs, auto dealers, auto body shops, chemical manufacturing, metal plating, electronic component manufacturing, machine shops, dry cleaning, tanning, coal, gas or tar plants, railroad yards, electrical substations, sand or gravel pits, pig farms, landfills or junkyards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Identify all environmental or land use licenses, permits, approvals, authorizations, certifications, notices or filings which are required by any governmental agency for the applicant's business. Indicate those now held or delivered, date of issuance or filing and date of expiration or date of application (for those not yet held). If issued or filed, attach copies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do the applicant's business operations involve the generation, treatment, storage or disposal of any hazardous wastes or substances as defined in Chapter 850 of the Regulations of the Maine Department of Environmental Protection, the Resource Conservation and Recovery Act, 42 U.S.C. §6901 et seq. ("RCRA") or the Comprehensive Environment Response, Compensation and Liability Act, 42 U.S.C. §9601 et seq. ("CERCLA"), or under any regulations implementing RCRA or CERCLA?  YES  NO  
  
If yes, identify by chemical and trade name the type(s) of waste(s) and provide an estimate of quantity:  
\_\_\_\_\_  
\_\_\_\_\_  
  
If yes, describe the process which uses or results in the substances or wastes, the methods of storage of any such substances or wastes, and the methods of disposal of any such wastes:  
\_\_\_\_\_  
\_\_\_\_\_
8. Have any activities at any of the locations referred to in 4 above, by current or prior owners, ever resulted in the generation of hazardous wastes at any time?  YES  NO

If yes, has the facility been closed in accordance with all applicable laws and received certification of such?

YES  NO Explain: \_\_\_\_\_

Are any hazardous substances or wastes transported to or from any of the applicant's business locations?

YES  NO

If yes, identify by chemical and trade names the type(s) of waste(s) and identify the location(s) to which any such wastes are transported: \_\_\_\_\_

10. Has an environmental site audit, history, review or assessment ever been performed at any of the locations listed in 4 above?  YES  NO

If yes, state at which location(s), when, the result(s) and attach a copy if available. \_\_\_\_\_

11. Are there or were there ever any above or underground oil or chemical storage tanks on any of the premises listed in 4 above?  YES  NO

If yes, indicate the number of tanks at each location, the age of each tank, the location of the tanks on site, the storage capacity of each tank, the contents of any such tanks, the DEP registration number of each tank or owner, whether the tanks are or will be abandoned, and whether and when any such tanks were ever removed or replaced:

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

If yes, indicate whether any tank has been precision tested or had a statistical analysis of product inventory done within the past year. If so, provide a copy of the results.

12. Have any of the locations referred to in 4 above ever been used as a junkyard, as a dump for any materials or as a disposal site for any hazardous wastes or substances?  YES  NO

If yes, describe the nature and dates of any such use, the generator, if known, of any wastes, and the owner or operator of the site at the time of such use or disposal: \_\_\_\_\_

13. Do any of the locations referred to in 4 above contain any wastewater treatment lagoons or lagoons for the storage or treatment of any hazardous wastes?  YES  NO

If yes, describe age, capacity and nature of lagoons, and whether or not actively in use:

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

If inactive, indicate when abandoned and whether the lagoons have been closed in accordance with applicable law and received certification of such: \_\_\_\_\_

14. Has there ever been a release or threat of release of oil or any hazardous wastes at any of the locations referred to in 4 above?  YES  NO

If yes, identify location(s), applicable dates and explain, stating whether the release was cleaned up and when:

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

State whether any such releases were reported to any agency of State or federal government and if so, when and to whom reported: \_\_\_\_\_

15. Do any of the locations referred to in 4 above contain any asbestos?  YES  NO

If yes, state at which location(s): \_\_\_\_\_

16. Is any location, referral to in 4 above located on or adjacent to any wetland (fresh water or coastal)?  YES  NO

If yes, identify the location(s): \_\_\_\_\_

17. Are there likely to be any emissions of any "air pollution" or "hazardous air pollutant" (as defined in Title 38 Section 582(3) M.R.S.A. of 1964 as amended, and in Section 582(7-G) of said Title, respectively, and any and all Regulations and Standards adopted pursuant to Chapter 4 of Title 38 M.R.S.A. of 1964, as amended) into the atmosphere at any of the locations listed in 4 above?  YES  NO

If yes, state at which location(s) and explain: \_\_\_\_\_

18. Has the applicant or any guarantor ever been subject to any governmental enforcement or compliance action or proceeding related to any property referred to in 4 above or to any licenses, permits, approval, authorization, certifications, notices or filings referred to in 5 above or to any environmental or land use laws or regulations?  YES  NO

If yes, explain: \_\_\_\_\_

19. Is the applicant or any guarantor aware of any environmental problems or potential environmental problems at any of the locations referred to in 4 above or at any other locations ever owned or used in a manner by the applicant or any guarantor, whether or not such problems have been identified by any federal, State or local authorities?  YES  NO

If yes, explain: \_\_\_\_\_

List all real estate ever owned or used by the applicant or any guarantor of the loan which is or may be the subject of environmental problems. \_\_\_\_\_

20. Has any application by this applicant or any guarantor for any environmental license, permit, approval, authorization or certification ever been denied or not renewed?  YES  NO

If yes, explain: \_\_\_\_\_

The undersigned hereby certifies he/she has exercised due diligence and made all appropriate inquiries in completing the questionnaire and that the foregoing information is true and correct to the best of his/her/its knowledge.

Printed Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_