Applicant Information

Primary Contact E-mail:

Organization

Name of Organization:

TIN or EIN:

Primary Contact

First Name: Last Name:

Title:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Detailed Description of Applicant:

NAICS (or SIC) Code:

Solid Waste Processor

Solid Waste Recycler

Secondary Contact

First Name: Last Name:

Title:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Ownership Structure

Type of Entity

For Profit Corporation

Municipality

Partnership

Other

Entity type other:

Will you be applying for State Volume Cap ?

Date of Incorporation:

State:

Primary Billing Contact

Organization:

First Name: Last Name:

Title:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Project Information

Project Information

Project Name:

Estimated number of jobs created during construction:

Estimated number of jobs created during the permanent financing:

Facility Information

Facility #1

Facility Name:

Facility Bond Amount:

Description of Project/Facility:

Project Address:

Street or general location:

City: State: Zip:

Is Project located in an unincorporated part of the County? Yes No

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name: Last Name:

Title:

Phone: Ext: Fax:

Email:

Financing Information

Financing Information

Proposed Closing Date:

Maturity Years: **0**

Interest Rate Mode:

Fixed ○ Variable ○ Both ○

Denominations: **$**

Type of Offering:

Public Offering ○ Private Placement ○

Refunding ☐ New Construction ☐

Note:"Please fill the percentage if the facility is "New Construction" and "Refunding"

% is projected for New Construction:

% is projected for Refunding:

Financing:

Credit Enhancement ○ None ○

Other ☐ Letter of Credit ☐

Name of Credit Enhancement Provider(if known):

Expected Rating:

Unrated ☑

Moody's: S&P: Fitch:

Sources and Uses

Sources and Uses

Sources Of Funding

Tax-Exempt Bond Proceeds:	$
Taxable Bond Proceeds:	$
Other Funds (Describe):	
_____	$
_____	$
_____	$
_____	$
_____	$
Total Sources:	**$0.00**

Uses:

Land Acquisition:	$
Building Acquisition:	$
Construction or Remodel:	$
Equipment Cost:	$
Cost of Issuance:	$
Capitalized Interest:	$
Reserves:	$
Other Uses (Describe):	
_____	$
_____	$
_____	$
_____	$
_____	$
Total Uses:	**$0.00**

Financing Team Information

Bond Counsel

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Bank/Underwriter/Bond Purchaser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Financial Adviser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email: