



Financial Solvency Information

| |
|--------------------|
| APPLICATION NUMBER |
| FACILITY TYPE |

Facility Information

| | |
|------------------|---------------------------------------|
| FACILITY NAME | BUSINESS STRUCTURE TYPE |
| FACILITY ADDRESS | CITY STATE ZIP CODE |
| EMAIL ADDRESS | CELL PHONE NUMBER (INCLUDE AREA CODE) |

Additional Licenses Held

| | |
|---------------|----------------|
| FACILITY NAME | LICENSE NUMBER |
| FACILITY NAME | LICENSE NUMBER |

Delinquent Account Information (Completed by Applicant)

For the purposes of determining financial solvency, debt becomes delinquent when it has not been paid for more than 30 days beyond the date it was due.

| LIST BELOW YOUR DELINQUENT ACCOUNTS | OUTSTANDING BALANCE AMOUNT | WHAT IS THIS FOR (CREDIT CARD, MORTGAGE, ETC.)? |
|-------------------------------------|----------------------------|---|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| TOTAL AMOUNT DUE | \$ | |

Written Statement

Provide a brief statement as to why you were unable to pay your delinquent account(s).

Intent to Pay Back Delinquent Account(s)

Provide a brief statement if you are making payments towards the delinquent account(s). If you have established re-payment plan, please provide a copy.

I attest that the information provided is accurate and/or true. Failure to provide the required information could result in the application being voided and/or offered to be withdrawn.

SIGNATURE OF PERSON COMPLETING FORM

DATE

Business Analysis and Applications Unit Use Only

MEETING DATE

DEPARTMENT REVIEW DECISION

ADDITIONAL INFORMATION IF NEEDED

DATE ENTERED INTO FMS

STAFF NAME