

[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: Ext: Fax:

Phone:

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

**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:	<b>\$0.00</b>

#### Uses:

Land Acquisition:	\$ _____
Building Acquisition:	\$ _____
Construction or Remodel:	\$ _____
Equipment Cost:	\$ _____
Cost of Issuance:	\$ _____
Capitalized Interest:	\$ _____
Reserves:	\$ _____
Other Uses (Describe):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Uses:	<b>\$0.00</b>

## 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: