

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 ☐

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: