

"Helping to Sustain Maryland's Food and Fiber Future"

Application for the Maryland Oyster Shucking House Loan Fund

Program Description

The Maryland Oyster Shucking House Loan Fund has been established by MARBIDCO to help finance the cost of eligible seafood processing projects, including historic oyster shucking facilities and to facilitate an increase in the amount of oyster shells retained in the State and returned to the Chesapeake Bay. As a result of legislation enacted in 2022 (Senate Bill 830), \$1 million has been included in the MARBIDCO FY 2024 budget for the new Oyster Shucking House Loan Fund program. This legislation enables MARBIDCO to offer loans of up to \$250,000 to finance the eligible costs of qualifying oyster processing business projects (under certain terms and conditions).

Loan amounts can range from a minimum of \$25,000, up to a maximum of \$250,000 (which is dependent upon the number of full-time jobs being created or retained – for each \$25,000 in financing provided at least one full-time job must be created or retained). Loan proceeds can be used to renovate or construct a new oyster processing facility or expand an existing one, as well as purchase oyster processing equipment. Eligible applicants must have been a licensed Maryland Seafood Dealer for at least five years OR be a TFL-holder for at least five years and agree to obtain a Seafood Dealer License if approved for financing. Applicants must also have paid all applicable taxes and fees for the last five years. Submission of a business plan, including with financial projections, is required.

This program can offer standalone financing or can work in conjunction with another MARBIDCO loan program.

Loan Terms and Conditions

Minimum/Maximum Loan Amount: \$25,000 / \$250,000 (Capped at \$25,000 for each full-time job created or

retained.)

Equity Requirement and Match: At least 3% of a project's total cost must be provided by the borrower as an

equity contribution towards the completion of the project. With grant funds provided by two Maryland rural regional councils, MARBIDCO will match on a dollar-for-dollar basis the equity contribution up to 5% of the project cost (with a cap of \$12,500) in the following counties: Anne Arundel, Calvert, Cecil, Charles,

Kent, Prince George's, Queen Anne's, or St. Mary's.

Working Capital Requirement: Applicants constructing a new facility must demonstrate that they have a

minimum level of working capital available of at least 15% of the project cost (either in cash or through a bank line of credit). All other applicants must demonstrate that at least 10% working capital is available to run the operation.

MARBIDCO Interest Rate: 3.25% (fixed). NOTE: The loan origination fee is being waived for this program.

Loan Terms/ Collateral: The length of the term of a loan will correspond to the useful life of the assets

being financed, following an initial interest-only period (of up to 6 months). Other conditions will apply including the pledging of appropriate collateral security.

Personal Guarantee(s): Are normally required. Owners of business entities (e.g., an LLC) must also

provide guarantees.

Application Submission Process: Applications are processed as they are received and should include all required

attachments (please see the Checklist on Page 8 for more information). Applicants

are encouraged to apply by no later than <u>December 1, 2023</u>.

Send Completed Applications to: MARBIDCO Loan Programs, 1410 Forest Drive, Suite 21, Annapolis, MD 21403

SECTION 1: APPLICANT INFORMATION

Ар	plicant Type (select one):	☐ Business Entity	☐ Individual(s)				
Bu	siness Entity						
Bu	siness Type: □ Proprietorship	☐ Partnership ☐ Agricultural C	ooperative				
	Year Established/Incorpo	orated: EIN #	·				
Bu	siness Name						
Bu	siness Address		County				
Cit	у	State	Zip Code				
Co	ntact Person	Titl	e				
Wo	ork Telephone	E-mail					
Но	me Telephone	Mobile Phon	ne				
	lividual(s) Business Entity, complete indivi	dual information for each owner.)	No. of Individual(s)				
1.	Name		% Ownership				
	Social Security #	Social Security # Date of Birth					
	Address		County				
	City	State	Zip Code				
	Phone	Email address					
2.	Name		% Ownership				
	Social Security #	Date	of Birth				
			County				
	City	State	Zip Code				
	Phone	Email address					
3.	Name		% Ownership				
	Social Security #	Date	of Birth				
	Address		County				
	City	State	Zip Code				
		Email address pplicants, please copy this page and atto					

Tot	Total Amount Requested from MARBIDCO:			Term Requested:		
Rep	payment Method (circle one):	monthly	quarterly	annually		
Inte	erest-Only Period Requested:	mo	nths			
Fun	nding Sources (Borrower Equity,	MARBIDCO Fun	nds, and/or Other	Commercial Loan Funds):		
Sou	rce			Amount		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Tota	al			\$		
				en holders on each item of collateral.)		
	t all collateral that can be used as so		an and any other lie	Amount Owed		
	t all collateral that can be used as so ateral Valu \$					
	ateral Valu \$			Amount Owed \$		
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Coll	ateral Valu \$ \$ \$ \$ \$ \$	e	Lien Holders	Amount Owed \$ \$ \$ \$		
Coll	ateral Valu s \$ \$ \$ RAN STATUS (Home Town Here Are you a U.S. military veteran	roes Interest R who has receive you an active of	Lien Holders Late Reduction I Ved an "Honorabl	Amount Owed \$ \$ \$ \$		
Coll TER	ateral Values states at the st	roes Interest R who has receive you an active o	Lien Holders Late Reduction I Led an "Honorable duty military per	Amount Owed \$ \$ \$ \$ ncentive)		
Coll FER	t all collateral that can be used as so ateral Stateral Stateral	roes Interest R who has receive you an active on NO ership and man please provide ated representa	Lien Holders Late Reduction I Led an "Honorable duty military per lagement control evidence, either lative attesting to	Amount Owed \$ \$ \$ ncentive) ae" or "General (Under Honorable sonnel currently serving in any branch		
TER 1.	t all collateral that can be used as so ateral Stateral Stateral	roes Interest R who has receive you an active on NO ership and man please provide ated representa	Lien Holders Late Reduction I Led an "Honorable duty military per lagement control evidence, either lative attesting to	Amount Owed \$ \$ \$ ncentive) e" or "General (Under Honorable sonnel currently serving in any branch of the business operation? YES NO by providing a letter of support from your characterization of service, OR by		

processing facility and obtain a Seafood Dealer License?

B. Have you been a Tidal Fisheries License Holder for at least five years and intend to own or operate an oyster

□Yes □ No

TFL #:_____

OR

SECTION 3: OYSTER PROCESSING PROJECT INFORMATION

If a Currently Operating Facility, please include the following information: Federal Tax ID #: Seafood Dealer License #: Maryland Department of Health Food Processing Plant License #: Other Government Issued Permits for the Facility (specify type and include ID # below): Has this facility been in operation within the past year processing seafood? □Yes □ No Oysters? □Yes □ No In what year did the facility begin processing seafood? _____ And oysters specifically? _____ Is the owner of the facility a Tidal Fisheries License holder (not necessarily required for an existing business)? □Yes □ No TFL License Number (if applicable) ______ Actively in use: □Yes □ No Species of fish and/or shellfish that applicant has harvested during the last 3 years_____ Does the applicant have one or more shellfish aquaculture leases from DNR? (Not a requirement.) \Box Yes \Box No FYI, MARBIDCO does offer a separate loan program for shellfish aquaculture producers – information is available on the MARBIDCO website.] **Existing and Projected Market(s) for the Sale of Oysters** (please check all that apply): **Existing:** \square Wholesale □ Retail \square Other (please specify): **Future:** □ Wholesale □ Retail \square Other (please specify): Very briefly explain below: **Will Real Estate Need to be Purchased:** □ YES \square NO **Employment Data Related to the Oyster (Seafood) Processing Business** # of full-time jobs current # of NEW full-time jobs projected within 36 months # of part-time jobs current_____ # of NEW part-time jobs projected within 36 months _____ **Number of Full-time Jobs** (including Owners) to be created as a result of this loan: **Number of Full-time Jobs** (including Owners) to be retained as a result of this loan:

Average Current or Expected Hourly Wage of Employees (excluding owners): \$______

An Important Note Concerning Potential Debt Forgiveness Under this Loan Program:

If a loan is made using this program, MARBIDCO will forgive a portion of the debt that is owed under the following conditions, as certified by the Maryland Department of Natural Resources:

- 1) The market value for each bushel of oyster shell that is returned to DNR (the value of which will be determined by DNR using a legally prescribed methodology); OR
- 2) If oyster shell is directly returned to public fishery oyster bars, \$25 for each bushel of spat-on-shell that is planted.

BRIEF DESCRIPTION OF PROJECT, INCLUDING THE JUSTIFICATION FOR MARBIDCO FINANCING

Please provide or attach a brief description of the project, including a description of the Applicant's need for oyster processing equipment and facilities. (Include details on any land or equipment to be purchased, renovations that might be needed, and any labor that will likely be required.)

IN ADDITION, please attach revenue and expenses projections of the oyster processing business (estimates) for the <u>next</u> <u>five years</u>. If processing other seafood products, please note that separately in the business plan and financial projections. <u>Please see the Checklist on Page 8 for the list of attachments that will need to be provided</u>.

PROJECT ADVISOR(S) (1f	Applicable)
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1-Name		Title	
Institution/Firm			
Work Telephone			
2-Name		Title	
Institution/Firm			
Work Telephone	E-mail		

PHYSICAL FACILITIES (REAL ESTATE)

If Owned Currently #1 Address_____ Annual Mortgage Payment ______ Term of Mortgage _____ Mortgage Balance ______ Appraised Value _____ Size(acres) _____ Local Zoning Classification of the Property_____ Type/# of Buildings If Owned Currently #2 Address Annual Mortgage Payment ______ Term of Mortgage _____ Mortgage Balance ______ Appraised Value _____ Size(acres) _____ Local Zoning Classification of the Property_____ Type/# of Buildings_____ **If Leased Currently** Address ______ Annual Rental Expense _____ Lease From_____ Size(acres) _____ Location ____ Phone Number of Owner/Leasing Agent _____ Is this property a historic oyster shucking house or oyster processing facility? \Box Yes \Box No Additional noteworthy historical or other aspects of the oyster processing facility (please explain):

DECLARATIONS

Date _____

If answering "yes" to any of these questions, please provide an explanation on a separate sheet and attach.					
1. Is the business or any of the top management personnel or co-signer for obligations not listed on its/their		□Yes	□No		
2. Is the business or any of the top management personnel	a party to any claim or lawsuit?	□Yes	\square No		
3. Has the business or any of the top management personn	el ever declared bankruptcy?	□Yes	\square No		
4. Does the business or any of the management personnel	the business or any of the management personnel owe any taxes for prior years?				
5. Have any managers or owners received a felony convicti	on related to fraud?	□Yes	\square No		
SECTION 4: SIGNATURES					
EQUAL CREDIT OPPORTUNITY ACT (15 U.S.C. 169) The Federal Equal Credit Opportunity Act prohibits credit basis of race, color, religion, national origin, sex, marital stenter into a binding contract), because all or part of the program, or because the applicant has in good faith exercise Federal agency that administers compliance with this law Equal Credit Opportunity, Washington, D.C. 20580.	litors from discriminating agains tatus or age (provided that the ap he applicant's income derives fr sed any right under the Consumer	plicant has the common any public at Credit Protection	apacity to assistance n Act. The		
AUTHORITY TO COLLECT PERSONAL INFORMATION This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974). Effect of Non-Disclosure: Omission of an item means your application might not receive full consideration.					
I/We authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate in the project financing. I/We waive all claims against any financial institution agreeing to participate in the project financing or MARBIDCO.					
I/We realize that if I/We do not comply with the aforement or repayments accelerated.	ntioned Certification, my/our loan	ı can be called, te	erminated		
I/We authorize MARBIDCO to obtain any additional financial information concerning me/us from any source which MARBIDCO reasonably requires in order to determine whether to make the requested loan, including credit histories, credit reports, and credit scores.					
CERTIFICATION I/We certify all information in this application and the knowledge and is submitted so the MARBIDCO Loan Commercertify that, to the best of our knowledge, I/We have paid a	nittee can decide whether to offer	financial assista	nce. I/We		
Signature	Signature Signature				
Printed Name	Printed Name				
Date	Date				
Signature	Signature				
Printed Name	Printed Name				

Date_____

SECTION 5: ATTACHMENTS

f.

ATTACHMENTS CHECKLIST 1. Project's Use of Funds (a detailed list of all project items and costs) 2. \square Description and history of the applicant company or operation. 3. Resume(s) or working history of principal business owner(s) and/or manager(s). ☐ Applicant *and* business operation tax returns for the two preceding years (include W/2's, if available) 4. 5. ☐ Completed Balance Sheet for the business* and each guarantor (i.e., the business owners). 6. ☐ Completed Income Statement for the past year for business*. ☐ Completed Pro Forma Income Statement for business for the next five years. Please separate the oysterrelated income from other seafood products in these projections but provide all sources of business income. 8. Completed Debt Repayment Schedule for business and each guarantor (see Attachment 1). 9. \square Completed Demographic Information (Attachment 2, optional). 10. ☐ If offering real estate as collateral, a copy of the most recent appraisal (if available). 11. \square If eligible for Home Town Hero veteran status, supporting letter from commanding officers or federal form DD-214. 12. \square Copy of current business licenses (including seafood dealer and/or TFL, as applicable. 13. \square Copy of Photo Identification of applicants 14. Business entity documentation (including Articles of Incorporation, Operating Agreement, etc.) 15. ☐ Business Plan, including: a. Facility Information, such as facility size, number of employees by day or week, number of oysters and other fish/shellfish to be processed by day or week, and availability of oysters (what is the source) b. Marketing Information, such as who are the oysters be distributed to (customers) c. Business Information, such as ownership and management, etc. d. Any unique aspects of the business, markets, supply of oysters (farm-raised or wild-caught), etc. If new construction and/or a real estate purchase: a. Project details (proof of ownership, etc.) b. ☐ New facility/site, expansion or acquisition details ☐ Project timeframe information complete, if project started, please explain.

d.

Project sources & uses of funds to complete

☐ Appraisal of Property (if recent or available)

e. \Box Copy of Purchase agreement and any relevant contracts

Note: MARBIDCO agrees to hold Recipient's Application and Financial Reports in confidence to the extent reasonably permitted by Title 10, Subtitle 6 of the State Government Article of the *Annotated Code of Maryland*. Notwithstanding the aforegoing, MARBIDCO shall not be obligated to maintain in confidence any information: 1) which was already known to MARBIDCO; or, 2) which is or comes into the public domain through no fault of MARBIDCO; or, 3) which is independently developed by MARBIDCO; or, 4) which comes to MARBIDCO from a third party which is not in violation of any obligation of confidentiality to Applicant or MARBIDCO.

^{*} Balance Sheets and Income Statements generated using QuickBooks are usually sufficient for this purpose. If you have any questions concerning this, please contact Stacy Kubofcik, MARBIDCO Senior Programs Manager, at 410.267.6807, or skubofcik@marbidco.org.

Business Debt Repayment Schedule

Business Name_		 		
	Date:	 		

Lender and	Original	Date	Interest	Payments	Amount of	Loan
Loan Number	Amount	Incurred	Rate	Per Year	Periodic	Balance
					Payment	
Annual Totals						

Personal Debt Repayment Schedule (including car loans)

Guarantor Name_			
	Date:		

Lender and	Original	Date	Interest	Payments	Amount of	Loan
Loan Number	Amount	Incurred	Rate	Per Year	Periodic	Balance
					Payment	
	-	_				
Annual Totals						

Demographic Information

Applicant's Name:
MARBIDCO does not require you to furnish this information, but you are encouraged to do so.
MARBIDCO does not discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, MARBIDCO may notate the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check box below.
If Applicant is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all categories that apply. If Applicant is an individual, please respond for Primary Applicant.
Applicant does not wish to furnish this information \Box
Ethnicity of Primary Applicant: (Check one) Hispanic or Latino Not Hispanic or Latino
Race of Primary Applicant (May check more than one) American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □
Sex of Primary Applicant: Male □ Female □
Marital Status of Primary Applicant: Married □ Unmarried (include single, divorced, widowed) □
Is Applicant a military veteran? Yes □ No □
What year did you begin your business or commercial enterprise?