



Town Centres Business Growth Programme

Application Form – Town Centres Training Loan

Please complete all sections of this form and supply the relevant supporting information listed on the final page. Trafford Council reserves the right to undertake any relevant financial checks as part of the application process.

Applicants Contact Details

1. Name:	
2. Home Address:	
3. Telephone:	
4. Email:	

Business Details

5. Business Name:	
6. Business Address:	
7 What goods or service does the business offer?	
8. How long has the business been trading (years / months)?	
9. How many outlets does the business currently have?	
10. Do you own your property? Yes / No If not, how long is left on your current lease? ____	
11. Are you : Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify): ____-	
12. If Limited Company or Charity please quote registered number: _____	
13. Are you VAT registered? Yes / No If yes is it paid up to Yes / No	

Other Details

14. Do you have any outstanding debts to Trafford Council? If yes please supply details.

Yes No

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15. Do you have any previous convictions, County Court Judgements or have you been declared bankrupt? If yes please supply details (nature, dates)

Yes No

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Training Activity

16. If an established business, what staff/business training is currently provided for staff?

17. What training activities would you fund using the loan?

18. How will this investment help to grow your business and add value to your existing activities? What level of growth do you anticipate and / or how will this help to increase footfall, expenditure and create jobs?

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19. What is your expected start date for the training activities?	/	/	
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20. What is your expected completion date for the training activities?	/	/	
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21. Please itemise the initial cost estimates for the training activities.		£
		£
		£
	Total	£

22. How much funding is being sought?	£
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23. What other funding has been secured (including applicant's contribution)?	Source	Amount
		£
		£
		£
	TOTAL	£

<p>24. Personal Bank Account:</p> <p>Name/Address:</p> <p>Account Number:</p> <p>Sort Code:</p>	<p>Business Bank Account (if in place):</p> <p>Name/Address:</p> <p>Account Number:</p> <p>Sort Code:</p>		
<p>25. Enclosed Documents (all applicable supporting documentation must be supplied for the an approval to be granted)</p> <p>1) Quote(s) for the proposed marketing activities <input type="checkbox"/></p>			
<p>26. Please read the declaration carefully before you sign and date it:</p> <p>I understand the following:</p> <ul style="list-style-type: none"> • If I give information that is incorrect or incomplete, Trafford Council may immediately seek recovery in full of any loan money paid within 28 days of written notice being provided to me. • Trafford Council may check the information supplied with other sources. • I will be based in Trafford for the period of the loan. I must let Trafford Council know at least 2 months before leaving the premises if the loan has not been repaid in full. • I will submit receipts / evidence of expenditure within 14 days of the payment being made. • The Council will use discretion in determining my eligibility for a loan and the decision of the Council is final. • I have read and understood the guidance notes and questions in this form. • I declare the information I have given in this form is correct and complete. 			
<p>Applicant Signature:</p>		<p>Date Signed:</p>	

Please send your completed application and enclosures to:

**Trafford Town Centres Business Growth Programme, Strategic Growth Team, Trafford Council,
Trafford Town Hall, Talbot Road, Stretford, M32 0TH**