



Financial Statement*

Name: _____
(Applicant business OR name of individual owner, officer, member, director, and/or partner)

*All lines must be completed with required attachments - if not applicable, write None
This form must be notarized*

	<u>ASSETS</u>	AMOUNT
1.	Cash Balances (Attach Statements)	_____
2.	Accounts and Notes Receivable (Attach Schedule, show name and address of Payer and due date)	_____
3.	Loans Secured and Unsecured (Attach Schedule, show name and address of Payer and due date)	_____
4.	Merchandise (Attach Schedule, list and show value)	_____
5.	Fixtures – Cost Less Depreciation (Attach Schedule, list and show value)	_____
6.	Investment and Securities (Attach Statements)	_____
7.	Real Estate (Attach Schedule, locate property, show value)	_____
8.	Other Assets (Attach Schedule)	_____
9.	TOTAL ASSETS (add 1 through 8)	_____
	<u>LIABILITIES</u>	
10.	Accounts Payable (Attach Schedule, show name and address of Payee and due date)	_____
11.	Mortgages Payable (Attach Schedule, locate property, show name and address of Mortgagee)	_____
12.	Notes Payable Secured and Unsecured (Attach Schedule, show name and address of Lender, due date and value)	_____
13.	Other Liabilities (Attach Schedule, explain fully)	_____
14.	TOTAL LIABILITIES (add 10 through 13)	_____
15.	NET WORTH (difference of 14 and 9)	_____

* Existing licensees of the OABCC and those holding less than 10% ownership interest in an applicant business may submit an affidavit in lieu of this form



CONTINGENT LIABILITIES

- 16. Notes of others endorsed _____
(Attach Schedule, show name and address of parties, due date and value)
- 17. Notes Exchanged with others _____
(Attach Schedule, show name and address of parties, due date and value)
- 18. Guarantor of Accounts and Notes of others _____
(Attach Schedule, show name and address of parties, due date and value)
- 19. Any other than above _____
(Attach Schedule, show name and address of parties, due date and value)

Signed, _____

Print name: _____

This form must be notarized

STATE OF _____)
) ss.
_____ COUNTY)

ON THIS ____ day of _____, 20____, personally came before me the Subscriber, a Notary Public for the State and County aforesaid, _____, to me known to be the individual making this statement, who being duly sworn, did depose and say that the facts stated in the foregoing statement are true and correct.

GIVEN under my Hand and Seal of Office, the day and year aforesaid.

Notarial Officer

My Commission Expires:_____