



Loan Application

In addition to the following information, you are also required to complete the SBA Personal Financial Form, which can be completed here: http://www.sba.gov/sites/default/files/SBA%20413_0.pdf.

BUSINESS INFORMATION

Company Name and DBA (if applicable) _____

Phone _____ Fax _____ Cell _____ Email _____

Address _____

City _____ State _____ Zip _____

Date Company Founded _____ Date of Current Ownership _____

Tax Identification Number _____ Number of Current Employees _____ After Financing _____

Type of Organization (indicate one) Sole Proprietor C Corp S Corp LLC Partnership

OWNERSHIP INFORMATION

List all owners, partners, LLC members and stockholders totaling 100% of ownership. For corporations, identify all corporate officers regardless of ownership. For Partnerships or LLC's, identify the managing/general partner or managing member. Attach separate sheet if necessary.

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Name/Title _____ Ownership % _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

AFFILIATES

List below all business concerns in which the applicant company or any of the individuals listed in the Ownership Section above have 20% ownership or controlling interest. Affiliation also exists when an individual(s) has control of the Small Business Company and another concern(s) even though the ownership of one or both is small. Attach separate sheet if necessary.

Company Name _____ Owned By _____

Ownership % _____ #Employees _____

Address _____

City _____ State _____ Zip _____

Company Name _____ Owned By _____

Ownership % _____ #Employees _____

Address _____

City _____ State _____ Zip _____

Company Name _____ Owned By _____

Ownership % _____ #Employees _____

Address _____

City _____ State _____ Zip _____

REFERENCES AND PROFESSIONAL SERVICES

Bank _____

Contact _____ Phone _____

Accounting Firm _____

Contact _____ Phone _____

Attorney Firm _____

Contact _____ Phone _____

Insurance Firm _____

Contact _____ Phone _____

PREVIOUS SBA OR OTHER FEDERALLY GUARANTEED FINANCING

Federal Agency _____ -- Date of Application _____ Original Amount \$ _____

Current Balance \$ _____ Status of Loan (Current or Delinquent) _____

Federal Agency _____ -- Date of Application _____ Original Amount \$ _____

Current Balance \$ _____ Status of Loan (Current or Delinquent) _____

BUSINESS PROFILE

Please answer the questions below or provide the information on a separate attachment.

Nature of business, products, services and locations:

Who are your major customers?

Who are your major suppliers?

Who are your major competitors?

How do you market your products or services?

What are your long-term plans?

REQUIRED DOCUMENT CHECKLIST

1. Authorization to Release Credit* (form attached)
2. Personal Financial Statement* (SBA Form 413 or Equivalent)
3. Personal Income Tax Returns for past three years*
4. Corporate Income Tax Returns for past three years*
5. Interim Financial Statement (Current within 60 days)**
6. Aging Summary of Accounts Receivable and Accounts Payable**
7. Proposed Cost Breakdown (form attached)
8. Business Schedule of Debt (form attached)
9. Personal Resume* (form attached)
10. Copy of Real Estate and/or Business Purchase Agreement (if applicable)
11. Copy of all Promissory Notes for any debt being refinanced
12. Environmental Questionnaire (form attached, complete when real estate is being purchased or used as collateral)
13. Articles of Incorporation/Organization and Bylaws**
14. Copy of Franchise Agreement and Franchisor's Disclosure Statement (if applicable)
15. Copy of cost documents (i.e. construction contract, vendor quotes, professional fees, etc.)
16. Copy of existing or proposed lease agreement (if applicable)
17. For a new business, a projected annualized Income Statement for two years with detailed assumptions attached
18. For a new business, a monthly cash flow analysis for the first 12 months of operations or for three months beyond the breakeven point (whichever is longer) together with detailed assumptions attached.
19. Legible copy of driver's license
20. Other _____

*Needed for all owners of 20% of more in the operating company and/or a real estate holding company.

** Need for the operating company, real estate holding company and any affiliated companies.

PROPOSED COST BREAKDOWN

<u>Purpose</u>	<u>Amount (\$)</u>
Real Estate Purchase:	\$ _____
New Construction:	\$ _____
Machinery & Equipment:	\$ _____
Furniture & Fixtures:	\$ _____
Professional Fees:	\$ _____
Purchase Business:	\$ _____
Leasehold Improvements:	\$ _____
Debt Refinance:	\$ _____
Payment of Accounts Payable:	\$ _____
Purchase of Inventory:	\$ _____
Other Expenses (describe below):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

SCHEDULE OF BUSINESS DEBT

As of _____, 20____ *

Existing Debt Obligations. List separately all obligations of the company evidenced by a Note, Capital Lease or Line of Credit. This section requires more detail than found on any CPA prepared financial statement. It is a critical part of the information that is analyzed.

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

***Debt Schedule must correspond with Interim Financial Statement by date and account balances.**

SCHEDULE OF BUSINESS DEBT CONTINUED

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

Name of Creditor _____

Original Date _____ Original Amount \$ _____ Present Balance \$ _____

Interest Rate _____ Monthly Payment \$ _____ Maturity Date _____

Collateral _____

PERSONAL RESUME FORM

Name _____
First Full Middle Maiden Last

Previous Name(s) Used _____
(Attach separate sheet if necessary) First Full Middle Maiden Date Last Used

Date of Birth _____ Place of Birth _____ Race _____

Social Security Number _____ U.S. Citizen Yes No Alien Registration Number _____
Please attach a copy of your alien registration card

Home Address _____

Note: Home addresses for the past 10 years are required.

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Years to this address _____
Day/Mo/Year Day/Mo/Year

Phone (Home) _____ Phone (Office) _____ Phone (Wireless) _____

Have you ever been involved in bankruptcy proceedings? Yes No Briefly explain on Page 3

Have you ever had property foreclosed upon? Yes No Briefly explain on Page 3

Any pending lawsuits or outstanding judgments? Yes No Briefly explain on Page 3

Are any of your federal, state or local taxes delinquent? Yes No Briefly explain on Page 3

Are you currently delinquent with any child support? Yes No Briefly explain on Page 3

Employed by the U.S. Government Yes No If so, Agency Name _____

Spouse's Name _____
First Full Middle Maiden Last

Previous Name(s) Used _____
(Attach separate sheet if necessary) First Full Middle Maiden Date Last Used

Date of Birth _____ Place of Birth _____ Race _____

Social Security Number _____

Personal Information – Be sure to answer the next three questions correctly as they are very important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? _____

Have you been arrested in the past six months for any criminal offense? _____

For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? _____

Military Service Background (Please provide certified copy of DD-214 or DOD Photo Card and DD2648 for Reservist or Form 2648-1 for active duty)

Branch _____ From _____ To _____

Rank at Discharge _____ Honorable Discharge Yes No

Job Description _____

Work Experience (List chronologically, beginning with present employment)

Name of Company _____ Percent Owned _____

Address _____

City _____ State _____ Zip _____

Employed From _____ Employed To _____ Title _____

Duties _____

Name of Company _____ Percent Owned _____

Address _____

City _____ State _____ Zip _____

Employed From _____ Employed To _____ Title _____

Duties _____

Name of Company _____ Percent Owned _____

Address _____

City _____ State _____ Zip _____

Employed From _____ Employed To _____ Title _____

Duties _____

Education (College or Technical Training)

Name and Location _____

Date Attended _____

Major _____ Degree or Certificate _____

Name and Location _____

Date Attended _____

Major _____ Degree or Certificate _____

Name and Location _____

Date Attended _____

Major _____ Degree or Certificate _____

Name and Location _____

Date Attended _____

Major _____ Degree or Certificate _____

Name and Location _____

Date Attended _____

Major _____ Degree or Certificate _____

Comments (Bankruptcies, Pending Lawsuits, Judgments, Arrests, Convictions, Probation, Previous Names Used and Previous Address)

ENVIRONMENTAL QUESTIONNAIRE

The following shall be used as a guide to determine if further environmental investigation is needed, and is to be completed during an on-site inspection by the current property owner and the loan applicant (if different from the current property owner) when commercial real estate is to be taken as collateral (residential real estate excluded).

Loan Applicant _____ Phone _____

Contact Person _____ Phone _____

Current Property Owner _____ Phone _____

Questionnaire Completion Date _____

Property Address _____

1. What is the past, present and planned use of the subject property (describe below). Does the past or present use(s) of the subject property involve an environmentally sensitive Industry? (If yes, then list NAICS code(s) from SOP 50-10(5), Appendix 4)

_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

2. To the extent possible, determine the prior, current and planned uses of all adjoining property. Do historical or current operations on any adjoining property involve industrial uses or the use of any toxic chemicals (gas stations, manufacturing operations, dry cleaners, printing operations, junkyards, landfills, auto repairs, etc)?

Yes No

Please describe adjoining uses in all four directions (If a road or street abuts any side of the subject property, please identify the land use beyond the road or street)

North _____

South _____

East _____

West _____

3. Is the subject property structure a multi-tenant residential dwelling, nursing home, or daycare center constructed prior to 1978? Yes No

If yes, please describe _____

4. Is there any historical or archeological significance to the subject property? Yes No

5. Is the subject property structure to be significantly renovated or demolished? Yes No

6. Is there Asbestos Containing Material in the materials of the subject property? Yes No

7. Are there any transformers or other stationary hydraulic equipment on the subject property which are owned by the subject property owner? Yes No

8. Are there any underground storage tanks (UST's) currently on the subject property? If yes, attach copies of the registration, spill insurance certificate, recent tank and line tightness test results (within last six months) and verification that UST's meet all current compliance requirements. Yes No

9. Have any UST's ever been removed from the subject property or abandoned in place? If yes, state the year removed and attach a copy of all removal documents and the "No Further Action" letter issued by the appropriate state agency. Yes No

10. Are there currently or have there ever been any fill pipes, vent pipes, or access ways protruding from the ground on the subject property? Yes No

11. Are there any ground storage tanks without secondary containment on the property? Yes No

12. Is the subject property registered with the EPA regarding any permits or for hazardous waste generation, treatment, storage or disposal? If yes, attached a copy of permit or registration. Yes No

13. Is any hazardous waste including petroleum products currently being treated or dispensed at the subject property? Yes No

If yes, describe the type and method of treatment, storage or disposal _____

14. Is any hazardous waste including petroleum products currently being disposed of off-site? If yes, attach a copy of the most recent waste manifest for the disposed waste. Yes No

15. Are there any present or past enforcement actions by a regulatory agency for the subject property? Yes No

If yes, describe _____

16. Are there any existing environmental liens, lawsuits, administrative actions, or environmental easements associated with the use of the subject property? Yes No

If yes, describe _____

17. Are there now or have there ever been pits, ponds, or lagoons used for dumping wastes located on the subject property? Yes No

18. Are there any groundwater monitoring wells (for groundwater contamination) located on the subject property? Yes No

If yes, state how many and describe their purpose. _____

19. Does the subject property discharge waste (or wastewater) to an on-site sewer, on-site septic system ditch or other waterway? Yes No

If yes, state the nature of the discharge and attach copy of the permit. _____

20. Are there any outstanding Fire and/or Health Department violations for the subject property? Yes No

If yes, describe _____

21. Does the subject property have any Wetlands? Yes No

22. Is the subject property or portion thereof used for agriculture? Yes No

23. Is there any evidence that toxic chemicals are used at the subject property? Yes No

24. Are there any discarded chemical containers on the subject property? Yes No

25. Are there waste piles of any type on the subject property? Yes No

26. Is there any evidence of distressed vegetation at the subject property? Yes No

27. Is there evidence of oily film on standing water at the subject property? Yes No

28. Is there evidence of any discolored soils at the subject property? Yes No

29. Are there any unusual odors at the subject property? Yes No

Signature of Current Property Owner

Date of Visual Inspection

Signature of Loan Applicant (if different)

Date of Visual Inspection