Small Business Loan Application

Company Information					
Company Name					
Address	City		S	State	Zip
Principal in charge		Phone		Fax	
Secondary contact person		Phone		Fax	
		email			
Type of business			Date establish	ed	
Number of Employees: Existing	Af	ter this Loan			
Proprietorship Partnersh Type of entity (check one) Corporation LLC	nip				
Company Ownership					
Name	Title			% of C	wnership
If a corporation, please indicate who is President and Secret	ary				
Affiliate Businesses IF APPLICABLE					
Name	Owner	(APPLICANT INDIVIDUALS	COMPANY OR	% of C	wnership
Existing Business Location(s)	U III.		- /	70 01 0	molomp
Address	Square feet		Lease payment		Lease expiration
		new facility?		□ No	
Address		-	Lease payment	_	Lease expiration
Address					
	Replaced by	new facility?	☐ Yes	🗌 No	
References					
Bank Contact	Name & Pho	one: /			
Accountant Firm n	name			Phone	
Attorney Firm n	name			Phone	
Broker Firm n	name			Phone	

Nature of Your Business					
Nature of your business					
Type of products or services (include ar	ny catalogs or brochures)				
Jr	,				
Geographic market area					
List key customers					
List major competitors					
Project Information					
Street address of project					
City	State		Zip C	ounty	
What is the square footage of the new b	building?	What is the s	quare footage your company w	/ill occupy'?*	
Escrow closing date	Realtor's na	me	Phon	le	
If known, how will the property be veste					
partnership, LLC, corporation, trust, etc		-			
Please provide appropriate documentat	ion (i.e. Partnership Agree	ment, LLC document	s, Articles of Incorporation, Tru	ust Agreement)	
Total Project Costs					
Purchase existing building		Con	struction project		
Purchase price	\$		Acquisition	\$	
Tenant improvements	\$	Cons	truction Bid	\$	
Equipment *	\$	Arch	tects, permits, other Soft Costs	s \$	
Other	\$	Equipment *		\$	
Total	\$	Othe	r	\$	
			Total	\$	
*Please note – equipment to be finance	d must have a useful life o	f 10 years or greater.			
If there are any tenants that will remain	in the building, please prov	vide the following info	rmation: Also, please have your rea	altor provide copies of all existing leases.	
Tenant name		Square footage	Lease expiration	Rent amount	

Tenant name	Square footage	Lease expiration	Rent amount

Personal Resumé Form	TO BE COMPLETED BY EACH PRINCI INDIVIDUAL	PAL INVOLVED IN THE LC	AN. PLEASE MAKE COPIE	S AS NEEDED FOR EACH
r ersonar Resume r orm	INDIVIDUAL			
Name	FIRST MIDDL			
	FIRST MIDDL	.E N	IAIDEN	LAST
Date of birth	Place of birth	Race	Social Security No.	
U.S. Citizen Yes No	If not, please p	rovide alien registration num	ber	
Home address		City	State	Zip
From	To <u>Present</u> Home pho	one	Business phone	
Immediate past address		City	State	Zip
From	To			
Are you employed by the U	.S. Government?	If so, give the na	ame of the agency and positi	on
Spouse's Name	FIRST M	1IDDLE	MAIDEN	LAST
Date of birth	Place of birth		Social Security No.	
U.S. Citizen Yes No	lf not place provide	alian ragistration number		
Personal information	li not, piedse provide	allen registration number		
Be sure to answer the next	three questions correctly because they are necessarily disqualify you; an incorrect an			
Are you presently under ind	ictment, on parole or probation?		Yes	No
	d with and/or arrested for any criminal offe e been dismissed, discharged, or not prose an attached sheet)			No
	ted, placed on pretrial diversion, or placed ing probation, for any criminal offense othe			No
, 	f yes, to any of the above, furnish detail	's in a separate exhibit. Li	st name(s) under which he	ld.
Miscellaneous questions				
•	our company ever been involved in bankru	uptov or insolvency proceed	ngs? Yes No	
	volved in any pending or prior lawsuits?	Yes No	If yes, please provide dei	ails on a separate sheet.
Have you ever received an			the SBA Loan Authorization I	
Original Amount	,	Date of the loan		5
Current Balance		Ctatus		
Military service backgrou	nd			
Branch		From	То	
Job description				

Personal Resumé Form CONTINUED

Work experience

List chronologically, beginning with present employment

Name of company			% of business owned		
Full address		City	Stat	te Zip	
From	То	Title	Duties		
			9		
Full address		City	Stat	te Zip	
From	То	Title	Duties		
Name of company				% of business owned	
			Stat		
From	То	Title	Duties		
Education (College or 1	Fechnical Training)				
					ree or
Name and Location 1.		Dates Att	3	Cerl	lificate
Comments					
3.					
Credit Report Authoriza	ation				
I declare that the information required in the release such information	tion provided in this applica te processing of my loan ap to any entity as required in he enclosed information, in	plication and as required the processing of my loan	hereby authorize the release of any in the servicing and/or during the ter n application. or exhibits provided here within or at	rm of my loan. I further au	thorize to
best of myrour knowledgi					
Signature			Date		

Spouse Signature

Date	