



## SBA 504 Loan Application

### Operating Company

Operating Company Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal in charge: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Is the business a franchise: If "yes", name: \_\_\_\_\_

Current number of full time employees: \_\_\_\_\_

Number of employees to be hired within 2 years as a result of this project: \_\_\_\_\_

### Real Estate Holding Company

*Please complete the information below **ONLY** if you have/will be creating a **PASSIVE** real estate holding or some other sort of entity (other than the active business) that will hold title to the real estate you are purchasing, improving or constructing*

RE Holding Company Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Ownership Structure for the Operating Company** Please account for 100% of the ownership

Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No
Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No
Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No

**Ownership Structure for the Borrowing Entity** Please account for 100% of the ownership

Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No
Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No
Full Name	Title	% Ownership	SSN	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other business? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts:
<b>*Sex</b>		<b>*Race</b>			<b>*Ethnicity</b>		<b>*Military Service</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Aft.-Amer <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp./Latino <input type="checkbox"/> NOT Hisp./Latino	From: _____ To: _____ Service Disabled: __Yes__No

*\*This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes may be selected*

**Project Information**

Address of new project: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is the project property an existing building or new construction? Existing \_\_\_\_\_ New Construction \_\_\_\_\_

Square footage of project building: \_\_\_\_\_ Square footage that your company will occupy: \_\_\_\_\_

Estimated Purchase of Land: \_\_\_\_\_ Estimated Construction Costs: \_\_\_\_\_

Estimated Equipment Costs: \_\_\_\_\_ Where will the required equity injection be coming from? \_\_\_\_\_

**Please Note:** The SBA requires that your company occupy 51% of an **existing** building-49% can be leased out permanently. For a **new** building, you must occupy at least 60% upon move-in and at least 80% by the end of the second year. 20% can be leased out permanently.

**Tenants**

If there are any tenants that will remain in the building, please provide the following information. Also, please have your realtor provide copies of all existing leases.

<u>Tenant Name</u>	<u>Square Footage</u>	<u>Lease Expiration Date</u>	<u>Monthly rent amt.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Affiliated Businesses**

Please list any businesses where any Principal(s) of this 504 loan request maintain 50% or more ownership in another business(affiliate), controls the affiliate or the affiliate is a closely related entity. The affiliate business must submit the previous 2 years tax returns and current financial statements (<90 days)

<u>Business Name</u>	<u>Owner</u>	<u>% Ownership</u>	<u>Nature of Business</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Business

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Outlook: (what is your outlook concerning the business activity in which you are engaged)

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What primary markets use your products?

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List key customers

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List major competitors

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List major suppliers

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Future plans (Growth strategy, any impediments that may impact your success)

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Major past accomplishments

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Marketing Analysis and Strategy

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How will this loan benefit your company?

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