



# 504 Loan Application

## Company Information

Operating Business Name (OC) \_\_\_\_\_

Tax ID number: \_\_\_\_\_ Date Established \_\_\_\_\_ Type of Business \_\_\_\_\_

Legal Formation (Please circle one that applies):  Sole Prop.  "C" Corp  "S Corp  Partnership  LLC  Trust

How is property Vested? (EPC) \_\_\_\_\_ RE Holding Co. (EPC)?  Yes  No

Tax ID number: \_\_\_\_\_ Date Established \_\_\_\_\_ Type of Business \_\_\_\_\_

Legal Formation (Please check one that applies):  Sole Prop.  "C" Corp  "S Corp  Partnership  LLC  Trust

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

Principal in Charge \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_ Cell \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_ Cell \_\_\_\_\_

## Company Ownership for Operating Business (OC) (must equal 100% Ownership) Use separate sheet if more owners exist.

Name: \_\_\_\_\_  President  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Vice Pres.  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Secretary  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Treasurer  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Director  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Director  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

## Company Ownership for Real Estate Holding Company (EPC) (if applicable) Must equal 100% ownership

Name: \_\_\_\_\_  President  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Vice Pres.  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Secretary  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Treasurer  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Director  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_  Director  Member  Other \_\_\_\_\_ % of Ownership \_\_\_\_\_

## Affiliate Businesses (other businesses with common ownership) Attach a separate list of more than 2 affiliates

Name: \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_ Owner \_\_\_\_\_ % of Ownership \_\_\_\_\_

## Nature of your Business

Business history \_\_\_\_\_

Type of products or services (include any catalogs or brochures) \_\_\_\_\_

Geographic market area \_\_\_\_\_

List key customers \_\_\_\_\_

List major competitors \_\_\_\_\_

## Existing Business Locations

Address \_\_\_\_\_ Sq. ft. \_\_\_\_\_ Lease Payment \_\_\_\_\_ Replaced by new facility? \_\_\_\_\_

Address \_\_\_\_\_ Sq. ft. \_\_\_\_\_ Lease Payment \_\_\_\_\_ Replaced by new facility? \_\_\_\_\_

## Project Information

Street address of project \_\_\_\_\_

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

What is the square footage of the new building? \_\_\_\_\_ What is the square footage your company will occupy? \_\_\_\_\_

\*Please note – Occupancy requirements for an existing building is 51% and for new construction is 60% with expansion to 80% within 3 – 10 years.

Escrow closing date \_\_\_\_\_ Realtor's name \_\_\_\_\_ Phone \_\_\_\_\_

**If there are any tenants that will remain in the building, please provide the following information:**

*Please have your realtor provide copies of all existing leases.*

| Tenant Name | Square footage | Lease expiration | Rent amount |
|-------------|----------------|------------------|-------------|
|             |                |                  |             |
|             |                |                  |             |

## Total Project Costs

### Purchase existing building or Equipment only

Purchase price \$ \_\_\_\_\_

Tenant improvements \$ \_\_\_\_\_

Equipment\* \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Debt refinance \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### Construction Project

Land acquisition \$ \_\_\_\_\_

Construction bid \$ \_\_\_\_\_

Architects, permits, other soft costs \$ \_\_\_\_\_

Equipment\* \$ \_\_\_\_\_

Debt refi w/expansion \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\*Note – equipment to be financed must have a useful life of 10 years or greater.

## Employee Questionnaire

Number of current employees \_\_\_\_\_ (full time equivalent)

Estimated number of new employees within the next two years as a result of this project \_\_\_\_\_

Number of employees to be retained as a result of this project \_\_\_\_\_

### Key employees

| Name | Title | Responsibilities | Years with company | Years in the industry |
|------|-------|------------------|--------------------|-----------------------|
|      |       |                  |                    |                       |
|      |       |                  |                    |                       |
|      |       |                  |                    |                       |

## Miscellaneous Questions

Have any owner, officer or manager of the above businesses ever been involved in bankruptcy or insolvency proceedings?

If yes, please furnish details in a separate exhibit.

Yes

No

Is any owner, officer or manager of the above businesses involved in any pending lawsuits?

If yes, please furnish details in a separate exhibit.

Yes

No

Does anyone who owns, manages, or directs your business, or their spouses or members of their households, work for the Small Business Administration, SCORE, ACE or a Federal Agency?

If yes, please provide the name, address of the person, grade and office where employed in a separate exhibit.

Yes

No

Have any owner, officer or manager of the above businesses ever been disbarred from doing business with the government?

Yes

No

Is any owner, officer or manager of the above businesses delinquent on child support under the terms of any (1) administrative order, (2) court order, or (3) repayment agreement requiring payment of child support?

If yes, please furnish details in a separate exhibit.

Yes

No

Are all business and personal taxes current?

Yes

No

Do any of the businesses above currently or plan to engage in Export Trade?

Yes

No

Does the business derive revenue from marijuana-related activities (direct) or does the business support the end-use of marijuana affiliated business or a hemp business (indirect)?

Yes

No

Does the business intend to lease a portion of the real estate collateral to a marijuana related business?

Yes

No

## Preliminary Checklist

**\*\*Forms below may be obtained on-line at [www.nwbusiness.org](http://www.nwbusiness.org)**

### Business Information for all businesses listed above

- Business financial statements for the last two years
- Interim financial statement dated within the last 90 days
- Accounts payable and receivable aging report to match financial
- IRS tax returns for last two years for all businesses
- Business Debt Schedule \*\*
- Previous Government Financing form \*\*
- Franchise Agreement, if applicable
- IRS 4506T for operating business \*\*
- Corporation: Articles of Incorporation & Bylaws
- LLC: Articles of Formation & Operating Agreement
- Partnership: Partnership Agreement
- Sole Prop: Master License/Fictitious Name Statement

### Real Estate/Key Cost Information

- Real estate purchase agreement or settlement statement
- Cost budget with supporting bid
- Equipment bids/invoices, if applicable

### Personal information (for each owner of 20% or more)

- Personal tax returns for the last two years
- Management Resume \*\*
- 912 - Statement of Personal History \*\*
- SBA Personal Financial Statement \*\*
- IRS 4506T \*\*

### Debt Refinance Information (must be fully executed)

- Copy of Promissory Note with all Modifications/Extensions
- Copy of Deed of Trust with all Modifications
- Loan Disbursement Agreement
- Closing Settlement Statement
- Lender's Loan History for at least 12 months

**Authorization to Release Information**

I/We hereby authorize the release to Northwest Business Development Association (NWBDA) of any information they may require at any time for any purpose related to my/our credit transactions with them. I/We understand that my authorization will remain effective from the date of my signature until my lending relationship with NWBDA and the U. S. Small Business Administration has been terminated.

I/We further authorize Northwest Business Development Association (NWBDA) to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We further authorize Northwest Business Development Association (NWBDA) to release specific loan information to my employee, accountant or representative, specifically named: \_\_\_\_\_, until revoked in writing.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

**Please Note:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan. What this means for you: When you apply for a SBA 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying documents.

**This application must be signed by each owner of 20% or more of the operating company and EPC, if applicable.**

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Signature of applicant(s) \_\_\_\_\_

Date \_\_\_\_\_



*Achieving Big Dreams for Small Businesses*

[www.nwbusiness.org](http://www.nwbusiness.org)

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