

504 LOAN APPLICATION

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Project Information						
Property Address:						
Square Footage of Building:	:		Square Footage to be Occupied by	OC:		
Refinancing debt?	Yes	No	Purchasing current property?	Yes	No	
Moving to new property?	Yes	No	Expanding to additional location?	Yes	No	

Operating Company (OC)					
Business Name:					
DBA Name:		Co-Borrower?	Yes	No	
Industry:	Entity Type:				
Tax ID Number:	Date Established (mm/dd/yyyy):				
Mailing Address:					
Bus. Phone:	Website:				
Principal in Charge:	Cell:	Email:			
Secondary Contact:	Cell:	Email:			
Current Number of Employees	FT:	PT:			
Estimated Number of Employees in Two years	FT:	PT:			

Real Estate Holding Company (EPC)				
Business Name:				
Tax ID Number: Date Established (mm/dd/yyyy):				
Mailing Address:				
Principal in Charge:	Cell:	Email:		
Secondary Contact:	Cell:	Email:		

Owners / Key Employees / Officers (regardless of ownership)				
Full Name	Title	Owner % (OC/EPC)	Guaranty?	
*A Key Employee is any person hired by the business	to manaae dav-to-dav o	perations	•	

Existing Locations				
Address 1:				
Replaced by new property?	Yes	No	Lease Payment:	Square Footage:
Address 2:				
Replaced by new property?	Yes	No	Lease Payment:	Square Footage:
Address 3:				
Replaced by new property?	Yes	No	Lease Payment:	Square Footage:
Address 4:				
Replaced by new property?	Yes	No	Lease Payment:	Square Footage:



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Affiliate Businesses (businesses that have	more than 50% ownership of the O	C and any businesses owned more than 50% by
the OC or it's individual owners. Attach sep	arate list as needed for additional er	ntities or owners)
Affiliate Business 1:		
Industry:	Entity Type:	
Tax ID Number:	Date Established (mi	m/dd/yyyy):
Mailing Address:		
Owner 1 Name:	Title:	Ownership %:
Owner 2 Name:	Title:	Ownership %:
Owner 3 Name:	Title:	Ownership %:
Owner 4 Name:	Title:	Ownership %:
Affiliate Business 2:		
Industry:	Entity Type:	
Tax ID Number:	Date Established (mi	m/dd/yyyy):
Mailing Address:		
Owner 1 Name:	Title:	Ownership %:
Owner 2 Name:	Title:	Ownership %:
Owner 3 Name:	Title:	Ownership %:
Owner 4 Name:	Title:	Ownership %:

Tenants to Lease a Portion of the Building						
Tenant Name	Square Footage	Rent Amount				

Miscellaneous Questions		
Has any owner, officer, or manager of the above businesses (not including tenants) ever been involved in bankruptcy or insolvency proceedings? If yes, please furnish details below or provide in a separate exhibit.	Yes	No
Is any owner, officer, or manager of the above businesses (not including tenants) involved in any pending lawsuits (including divorce)? If yes, please furnish details below or provide 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 their name, address, grade, and office where employed details below or provide in a separate exhibit.	Yes	No



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Has any owner, officer, or manager of the above businesses (not including tenants) ever been disbatrom doing business with the government?	rred Yes	No			
Is any owner, officer, or manager of the above businesses (not including tenants) delinquent on chil support under the terms of (1) administrative order, (2) court order, or (3) repayment agreement requiring payment of child support? If yes, please furnish details below or provide in a separate exhibit.	ld Yes	No			
Are all business and personal taxes current?	Yes	No			
Do any of the businesses above (not including tenants) currently or plan to engage in Export Trade?	Yes	No			
Does the business derive revenue from marijuana-related activities (direct) or does the business supthe end-use of marijuana affiliated business or a hemp business (indirect)?	oport Yes	No			
Does the business intend to lease a portion of the real estate collateral to a marijuana related busin	ess? Yes	No			
any time for any purpose related to my/our credit trasactions with them. I/We understand that this authorization will remain effective throughout the life of the loan. I/We further authorize NWBDA to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them, as well as my/our employee, accountant or representative, specifically named:					
Cian above					
Signature: Name of Applicant:	Date				
Signature: Name of Applicant:	Date				
Signature:					
Name of Applicant:	Date				
Signature:					
Name of Applicant:	Date				
For Internal Office Use Only					

How was this application received? ___Online ___In Person ___Over the Phone ___Through the Mail