

SBA 504 Loan Application



Operating Company

Company Name: _____

Address: _____ Tax ID #: _____

City: _____ State: _____ Zip: _____

Business Web Site: _____ Phone: _____ Fax: _____

Principal in Charge: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Type of Business: _____ Date Established: _____

Type of Entity (check one): Proprietorship Corporation LLC Partnership

List all Directors, Members, Officers, and Owners, regardless of ownership: (Attach additional sheet if necessary.)

Name (Full Legal Name)	Title (Pres/VP/Sec/Manager/Member)	Ownership % (Must total 100%)

Real Estate Holding Company If applicable – If property will be held personally, please indicate name(s) here.

Company Name: _____

Address: _____ Tax ID #: _____

City: _____ State: _____ Zip: _____

Business Web Site: _____ Phone: _____ Fax: _____

Principal in Charge: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Type of Business: _____ Date Established: _____

Type of Entity (check one): Proprietorship Corporation LLC Partnership Trust

List all Directors, Members, Officers, and Owners, regardless of ownership. For a trust, list Trustor and Trustees:
(Attach additional sheet if necessary.)

Name (Full Legal Name)	Title (Pres/VP/Sec/Manager/Member)	Ownership % (Must total 100%)

Affiliate Businesses

List all affiliated businesses. These include any firms where ANY of the principals have some ownership OR management, regardless of the amount. This information is required to determine if the project meets SBA's size requirements, and does not necessarily mean affiliated businesses will be involved in the project financing. (Attach additional sheet if necessary.)

Company Name: _____ Owner: _____ Ownership %: _____
 Company Name: _____ Owner: _____ Ownership %: _____
 Company Name: _____ Owner: _____ Ownership %: _____

Project Information

Street Address of Project: _____
 City: _____ State: _____ Zip: _____ County: _____
 Square footage of new building: _____ Square footage your company will occupy: _____
 Escrow Closing Date: _____ Realtor Name: _____ Phone: _____

SBA Occupancy Requirements:

If you are PURCHASING an existing building, your company must occupy 51% of the total square footage.
 If you are CONSTRUCTING a new building, your company must occupy 60% of the total square footage up front, with the intent to occupy an additional 20% within the next 10 years. This means 20% of the building may be occupied by a tenant(s) long-term. An additional 20% may be occupied by a tenant(s) on a short-term basis (lease term of 36 months or less with NO options to renew.) Project funds may not be used to improve leased spaces other than a basic vanilla finish.

If there are or will be any tenants that will lease a portion of the building, please provide the following information:

Tenant Name	Square Footage	Rent Amount	Current or Future Tenant?

Project Costs

List ALL costs, not just the amount you need financed.

Purchase of existing building or Equipment only

Purchase Price \$ _____
 Tenant Improvements \$ _____
 Equipment* \$ _____
 Other \$ _____
 Total \$ _____

Construction Project

Land Acquisition \$ _____
 Construction Bid \$ _____
 Architects, permits, other soft costs \$ _____
 Equipment* \$ _____
 Other \$ _____

*Please note: Equipment to be financed must have a useful life of 10 years or greater.

Total \$ _____

Insurance Information

Please provide the contact information for the Insurance Agent you will be using to insure your building.

Agent Name: _____ Phone: _____ Email: _____

Employees Please list the person who will oversee the day-to-day management.

Key Employees: Name	Title	Responsibilities	Years with Company	Years in Industry

Current # of FULL TIME employees: _____

Estimated # of FULL TIME employees to be added within the next 2 years: _____

Current # of hours worked by all employees per week (average): _____

Estimated # of hours worked by all employees per week within the next 2 years (average): _____

A key component of this loan program is the creation of jobs. This is calculated based on the number of hours worked by all employees, including owners who work in the business. Total hours are divided by 40 to determine the number of FTE (full time equivalent) employees you have. Please take a moment and estimate the number of employees you reasonably expect to have in 2 years, and how many total hours this would be per week on average.

Miscellaneous Questions

Do you or any individuals involved in this project have a trust? Yes No
If yes, please provide details on a separate sheet.

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
If yes, please provide details on a separate sheet.

Are you, any officer, or your business involved in any pending or current lawsuits? Yes No
If yes, please provide details on a separate sheet.

Have you, any officer, or your business ever had an SBA loan or Guaranteed an SBA Loan? Yes No
If yes, please provide the following information, even in the loan is paid in full:

SBA Loan #: _____ SBA Loan Name: _____
 Original Amount: \$ _____ Date of the Loan: _____
 Current Balance: \$ _____ Name of Individual on Loan: _____
 Status: _____ Social Security Number: _____

Have you, any officer, or your business ever received any other type of government financing? Yes No
If yes, please provide the following information, even in the loan is paid in full:

Original Amount: \$ _____ Date of the Loan: _____
 Current Balance: \$ _____ Name of Individual on Loan: _____
 Status: _____ Social Security Number: _____

If there are multiple loans, attach additional information.

Notice: Important information about identification procedures when obtaining a 504 loan.

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 504 Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization to Release Information

I/We hereby authorize any financial institutions, insurance companies, investors, credit bureaus, employers, banks, accounting firms, etc., to release any and/or all information on my/our records and/or accounts to Utah CDC at their request.

I/We also authorize any information to be released by my/our original or photocopied signature.

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

By: _____

Printed Name

Date: _____ , 20 _____

By: _____

Printed Name

Date: _____ , 20 _____

By: _____

Printed Name

Date: _____ , 20 _____

By: _____

Printed Name

Date: _____ , 20 _____

By: _____

Printed Name

Date: _____ , 20 _____

By: _____

Printed Name

Date: _____ , 20 _____