

**ENTERPRISE DEVELOPMENT CORPORATION  
SBA 504 LOAN APPLICATION**

**OPERATING COMPANY INFORMATION**

Company Name

Address

County

City

State

Zip

Name of Principal Owner

Email

Office Phone #

Cell Phone #

Type of Business

Date Established

Tax ID #

Type of Entity

OWNERS/MEMBER	% Owned	Title

Is the business engaged in exporting?    Yes        No        If so, what percentage?  
 Is the business Veteran Owned?        Yes        No        If so, what percentage?  
 Is the business Woman Owned?        Yes        No        If so, what percentage?  
 Is the business Minority Owned?        Yes        No        If so, what percentage?

**BORROWING ENTITY (IF DIFFERENT FROM OPERATING COMPANY)**

Name of Borrower

Tax ID#

Date Established

Type of Entity

Owners/Members	Ownership %age	Title

**PERSONAL HISTORY INFORMATION**

Applicant 1 (State name in full, if no middle name state NMN, or initial only). Include all previous names used and dates of name use.

First	Middle	Last	Social Security Number

Include current and most recent prior address and dates at that address(omit if over 10 years)

Address	City	State	Zip Code

Include home phone number, cell phone number and email address

Home Phone Number	Cellular Phone Number	Email Address

Include birth and resident status

Date of Birth (Month, Day and Year)	Place of Birth	US Citizen? (Y or N)	Permanent Resident (Y or N)	Alien Registration #

Are you presently under indictment, crimal information, arraignment or other means by which formal criminal charges are brought in any jurisdiction? Yes  No

Have you been arrested in the past six months for any criminal offense? (All arrests and charges must be disclosed and explained on a separate sheet).

Yes  No

For any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?

Yes  No

Applicant 2 (State name in full, if no middle name state NMN, or initial only). Include all previous names used and dates of name use.

First	Middle	Last	Social Security Number

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Home Phone Number	Cellular Phone Number	Email Address

Include birth and resident status

Date of Birth (Month, Day and Year)	Place of Birth	US Citizen? (Y or N)	Permanent Resident (Y or N)	Alien Registration #

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First	Middle	Last	Social Security Number

Include current and most recent prior address and dates at that address (omit if over 10 years)

Address	City	State	Zip Code

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Home Phone Number	Cellular Phone Number	Email Address

Include birth and resident status

Date of Birth (Month, Day and Year)	Place of Birth	US Citizen? (Y or N)	Permanent Resident (Y or N)	Alien Registration #

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Applicant 4 (State name in full, if no middle name state NMN, or initial only). Include all previous names used and dates of name use.

First	Middle	Last	Social Security Number

Include current and most recent prior address and dates at that address (omit if over 10 years)

Address	City	State	Zip Code

Include home phone number, cell phone number and email address

Home Phone Number	Cellular Phone Number	Email Address

Include birth and resident status

Date of Birth (Month, Day and Year)	Place of Birth	US Citizen? (Y or N)	Permanent Resident (Y or N)	Alien Registration #

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Yes  No

**AFFILIATE INFORMATION**

Do any owners who own 20% or more of the operating or borrowing entity also own 20% or more of any other business? Yes                      No

If yes, list ownership interest in those companies on the following page. You must provide current financial statements and two years' tax returns for all companies listed.

Owner/Members	Name of Affiliated Business	% Owned

**PROJECT INFORMATION**

Street Address of Project

City

State

Zip

Building Space (sqf)

Land (acres or sqf)

Percentage of building occupied by the business \_\_\_\_\_%

Are there any existing or proposed tenants that will lease part of the building? Yes       No

If yes, complete the information below:

Tenant	Square Footage	Lease Expires	Lease Income

Number of current employees:

Full time:

Part time:

Number of new jobs to be created as a result of this project:

Full time:

Part time:

Who will hold the title to the land?

Who will hold the title to the machinery and equipment?

Please provide a brief description of the Project:

**PROJECT COST AND COST DOCUMENTATION**

Please provide supporting documentation for each of these items

USE OF PROCEEDS	AMOUNT	SUPPORTING DOCUMENTS
Land (and existing building)		
Building (new construction, remodeling)		
Machinery and Equipment		
Fixtures and Furniture		
Professional Fees		
Other (Interest, Contingency)		
Total Project Cost		

**SOURCE OF YOUR EQUITY INJECTION**

Cash \$

Land Equity \$

Other \$

If you are borrowing any portion of your equity injection, please answer the following questions:

1. What is the amount to be borrowed?
2. Who are you borrowing it from?
3. What is the interest rate and term of the note?
4. What is the collateral to secure the note?

**NARRATIVE OF HISTORY OF BUSINESS**

Please provide a brief history of your business. Use additional sheets if necessary.

I/We authorize the release to EDC of any information they may require at any time for any purpose related to my/our credit transaction with them. By signing below and submitting this form, I/We further authorize EDC to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We authorize EDC to obtain a credit report on me/us through the credit reporting agency of its choice, as well as to answer questions others may ask about my/our record with EDC. I/We understand that I/we must update credit and financial information as requested if my/our financial condition changes.

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_