

**COUNTY CORP DEVELOPMENT
APPLICATION FOR FINANCING
SBA 504**

COMPANY INFORMATION

Operating Company Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Name of Principal: _____ Telephone #: _____ Fax #: _____
 Type of Business: _____ Date Established: _____
 Type of Entity (Check One): Corporation _____ Partnership _____ Proprietorship _____
 Employer ID #: _____ NAICS or SIC Code: _____

PROJECT INFORMATION

Street Address of Project: _____
 City: _____ County: _____ State: _____ Zip: _____

BORROWING ENTITY (Owner of Property – If Different from Operating Company)

Name: _____
 Type of Entity: (Select one:
 1. _____ Corporation Name of President _____ name of Secretary _____
 2. _____ Partnership Partners Names _____ %
 3. _____ Limited Liability Company _____ %
 4. _____ Husband & wife _____ %
 5. _____ Single Principal _____ % (Total % must = 100%)

Participating Lender: _____ Address: _____
 Loan Officer: _____ Telephone: _____

Use of Proceeds

Land Acquisition	\$ _____
Land Improvements	\$ _____
Purchase and/or Remodel Bldg.	\$ _____
New Construction	\$ _____
Purchase Machinery and Equipment	\$ _____
Other (contingencies)	\$ _____
Total	\$ _____

Source of your injection

_____ Cash \$ _____ Project Land Cost \$ _____ Other _____

EMPLOYEE QUESTIONNAIRE

Number of Existing Employees: F/T _____ P/T _____

The number of new employees anticipated as a result of this project within the next two years:

Number of New Employees		
Full time	Part time	Job Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT MACHINERY AND EQUIPMENT

Equipment Description	Cost
_____	_____
_____	_____
_____	_____

BUILDING SIZE AND OCCUPANTS

1. What is the square footage of existing building? _____ proposed building? _____

a) Do you own _____ or rent _____ current facility?

If you own - What will be the disposition of current facility?

b) Monthly cost of current building _____

2. Tenants:

a) Are there any existing tenants that will remain in the building? Yes _____ No _____

b) Do you intend to lease out any space? Yes _____ No _____

If you answered yes to either question, complete the information below:

Tenant	Square Footage	Lease Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____

HISTORY AND NATURE OF YOUR BUSINESS

1. When was your company established and by whom?
2. When did you gain control of the business?
3. What products or services do you sell? (enclose any catalogs or brochures)
4. What is your geographic market area? Your customers? Your competitors?
5. How do you market your product or service? (i.e., type of advertising, direct mail, outside salesmen, etc.).

EXPECTED BENEFITS FROM THE LOAN

1. How will this project help your business? (increase revenues, add new products/services, improve efficiency, etc., be specific).
2. If you are moving to a new location, how will this affect your business?
3. How will jobs be created by this project?

PLEASE ANSWER THE FOLLOWING QUESTIONS, AND PROVIDE THE APPROPRIATE INFORMATION IF APPLICABLE

Are any owners of your company also owners in other companies?

Is your business a franchise?

A schedule of any previous government financing by any principals or affiliates (including SBA).

Name of Agency _____ Original Amount _____

Date of Request _____ Approved _____ Declined _____

The Outstanding Balance _____ Status _____
If not applicable check here _____

TO BE COMPLETED BY APPLICANT

Attorney Representing Company:

(Name)

(Firm)

(Address)

(City) (Zip)

(Phone) (Fax)

Accountant Representing Company:

(Name)

(Firm)

(Address)

(City) (Zip)

(Phone) (Fax)

OPERATING COMPANY INFORMATION (if different from Borrowing Entity on Pg. 1)

Owners & Ownership %

(Must equal 100%)

Please List all Officers of Company
(regardless of ownership)

President _____

Vice Pres _____

Secretary _____

Treasurer _____

Other _____

CERTIFICATION BY APPLICANT

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from COUNTY CORP DEVELOPMENT. Applicant further certifies that he/she is aware that CCD funds disbursed for new construction must meet equal employment opportunity requirements.

Date: _____ Applicant: _____

By: _____

Title: _____

FOR COUNTY CORP DEVELOPMENT USE ONLY

Date Application Submitted _____

Application Fee Paid: \$ _____

Date Application Considered by CCD Board _____

Application Approved Disapproved

Dated Submitted to Attorney _____

Date of Closing _____

Date Funds Disbursed _____

Terms:

Interest Rate _____

Number of Months _____

Monthly Payment _____